Image# 13961076660 PAGE 1 / 435

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									(	Office Use	Only	
1.	NAME OF COMMITTEE (in		PE OR F	PRINT ▼		mple: If typir r the lines.	ng, type	12FE	4M5			
В	ORDER HEA	TH FED	ERAL	PAC								1
AD∣	DRESS (number and	street)	612 W. N	olana Suite 3	340							
H	Check if diffe	rent										
L	than previous reported. (AC	sly (C)	McAllen					TX		78504		
2.	FEC IDENTIFICA	ATION NUM	BER ▼		CITY 🛦		S	STATE 🛦		Z	IP COI	DE 🛦
	C C00415752	2			3. IS THIS REPORT		NEW N) <b>OR</b>	×	AMEI (A)	NDED		
4.	TYPE OF REP (Choose One)	ORT	(b) Mon Rep		Feb 20 (M2)		May 20 (M5)		Aug 20	(M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	orts:			Mar 20 (M3)	Ш,	Jun 20 (M6)	Ш	Sep 20	(M9)	Ш	Dec 20 (M12) (Non-Election Year Only)
	April 15	5 . (21)			Apr 20 (M4)		Jul 20 (M7)		Oct 20	(M10)		Jan 31 (YE)
	July 15	Report (Q1)	(c)	12-Day	nn	Primary (12P	°)	Ger	neral (12	2G)		Runoff (12R)
	Quarterly October	Report (Q2)		Report for t		Convention (	12C)	Spe	cial (12	S)		
	Quarterly	Report (Q3)				M = M /	D D /	Y = Y = Y	Υ		in the	
		Report (YE)		E	Election on						State of	
	July 31 M Report (N Year Onl	Non-election	(d)	30-Day  POST-Elect  Report for t		General (300	G)	Rur	off (30F	R)		Special (30S)
	Terminati (TER)	on Report			Election on	M - M /	D = D /	Y = Y = Y	Y		in the State of	
5.	Covering Period	07	01		011	through	12	/ 31	D /	2011	Y Y	
l ce	ertify that I have ex	amined this	Report a	nd to the be	est of my kno	wledge and I	belief it is true	e, correc	t and c	complete	).	
	e or Print Name of		Ernie Pe		,							
Sig	nature of Treasurer	Ernie Pe	erez			[Electronically	y Filed] Da	ate	M M M 02	/ D 27	D /	2013
NO.	TE: Submission of fa	alse, erroneou	ıs, or ince	omplete infor	mation may e	biect the per	son sianina thi	is Renor	t to the	nenaltie	s of 2 l	LS.C. 8437a
	Office		.5, 51 11100	Anpioto IIIIOI	auon may st	lojoot tile peli	John Digning III	.s riopon				
	Use Only									FEC Re	FOR v. 12/20	

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From: 07	/ 01 / 2011 To:	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2011		907854.08
(b) Cash on Hand at  Beginning of Reporting Period	1004225.00	
(c) Total Receipts (from Line 19)	225475.12	456508.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1229700.12	1364363.00
7. Total Disbursements (from Line 31)	238466.60	373129.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	991233.52	991233.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or 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. 06/2004)

Write or Type Committee Name

#### BORDER HEALTH FEDERAL PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ntributions (other than loans) From:		
Individuals/Persons Other		
Than Political Committees		The second secon
(i) Itemized (use Schedule A)	222996.32	429771.04
(ii) Unitomized	2479.90	21737.88
	, 2410.00	21707.00
Lines 11(a)(i) and (ii)▶	225475.12	451508.92
	0.00	0.00
	0.00	0.00
	0.00	0.00
	7	
•		
	225475.12	451508.92
ty Committees	0.00	0.00
Loans Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	5000.00
	0.00	3
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	3.00	
	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
, , , ,		
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees  (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Calcinaar Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	181156.79	300819.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181156.79	300819.67
22. Transfers to Affiliated/Other Party	To Tiedine	, , , , , , , , , , , , , , , , , , , ,
Committees	0.00	0.00
Contributions to     Federal Candidates/Committees     and Other Political Committees	57309.81	72309.81
4. Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C. §431(20	0))	
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(7)		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	238466.60	373129.48
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	238466.60	373129.48

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

1mage# 13961076665 PAGE 6 / 435

#### : 97 'A = G7 9 @ 65 B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DC FHŽ G7 < 98 I @ 9 'C F' + H9 A = N 5 H + C B

Form/Schedule: F3XA
Transaction ID:

With regard to in-kind and contributions made to nominee u.s. senator david dewhurst - texas. For the primary 2012 - \$5K contribution. The \$5K contribution consist of the following: \$774.53 (camero - parking); \$186.19 (cantus - chairs, tables, linen); \$1,729.47 (peppers - meals/beverages); and the \$2,309.81 contribution made to u.s. senator david dewhurst campaign. Amended report dated 08.22.2012 ---- reflected contribution on schedule B line 23 of \$10K to New Jersey Democratic State Committee due to check date of 12.27.2011 versus check clearing date of 01.03.2012. New Jersey Democratic State Committee refunded/returned \$5K of contribution on 01.18.2012 as reflected on report of subsequent quarter ending April 2012.

With regard to excess contribution to NRSC on 01.06.2012. On (report of 04.2012 quarterly) contribution made to NRSC of \$15K with a check date of 10.19.2011 - check cleared 01.06.2012 and is reflected on report as same. On report ending 01.2012, reflected the above reference contribution to NRSC of \$15K with check date 10.19.2011 to be reflected on report as same and delete contribution dated 01.06.2012 with respect to schedule B line 23 on 2012 april quarterly.

Form/Schedule: Transaction ID:

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

	_	LINE	_		PAGE	:	7	OF	•	435	
(0	che	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Mr. Riad Aboujamous  Mailing Address 1217 Fullerton  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15769  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  3. Mr. Riad Aboujamous  Mailing Address 1217 Fullerton  City  McAllen	State Zip Code TX 78504	Date of Receipt  10 14 2011  Transaction ID: SA11AI.15983
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Riad Aboujamous  Mailing Address 1217 Fullerton  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  275.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16201  Amount of Each Receipt this Period  25.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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

F	OR	LINE	PAGE	8	OF	•	435			
(c	he	ck only	or	ne)						
	X	11a		11b		11c	12			
		13		14		15	16			17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous  Mailing Address 1217 Fullerton		Date of Receipt
City McAllen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16433  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Charity Abreu  Mailing Address 1619 hertiage lane		Date of Receipt
City mission	State Zip Code TX 78572	07 15 2011  Transaction ID : SA11AI.15330  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		08 18 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15547  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	er only)	

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

F	OR	LINE	NU	IMBER	PAGE		9	OF	•	435	
(0	(check only one)										
	×	11a	11c		12						
		13		14		15		16	;		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Charity Abreu  Mailing Address 1619 hertiage lane		Date of Receipt
City mission	State Zip Code TX 78572	09 09 2011  Transaction ID : SA11AI.15765  Amount of Each Propint this Pariod
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Charity Abreu  Mailing Address 1619 hertiage lane		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15984  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		11 10 / Y=Y=Y=Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16202  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	- 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

	IE NUMBER	: PAGE	E 10 OF	435				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  A. Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		12 09 2011 .
City	State Zip Code	Transaction ID : SA11AI.16434
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Ricardo Abreu  Mailing Address 200  E. Xenops	<b>'</b>	Date of Receipt  07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15331
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1050.00	
Full Name (Last, First, Middle Initial)  C. Ricardo Abreu		Date of Receipt
Mailing Address 200 E. Xenops		08 18 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15548
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	550.00
TOTAL This Period (last page this line num	ber only)	

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

14 13 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 (Last, First, Middle Initial) Ricardo Abreu Date of Receipt Mailing Address 200 E. Xenops 09 2011 09 City State Zip Code Transaction ID: SA11AI.15770 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ricardo Abreu Date of Receipt Mailing Address 200 10 14 2011 E. Xenops City State Zip Code Transaction ID: SA11AI.15985 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ricardo Abreu Date of Receipt Mailing Address 200 M M / 11 10 2011 E. Xenops City State Zip Code Transaction ID: SA11AI.16203 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1650.00 Other (specify)

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

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

- 9

9

450.00

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

	R LINE			:	PAGE	 12	OF	•	435
l '	ck only	or	ne)						
X	11a		11b		11c	12			
	13		14		15	16	;		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Ricardo Abreu  Mailing Address 200		Date of Receipt
Mailing Address 200  E. Xenops		12 09 / 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.16435
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial)  Ruben Abreu		Date of Receipt
Mailing Address 104 augusta square		07 15 / 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.15332
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  C. Ruben Abreu		Date of Receipt
Mailing Address 104 augusta square		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15549
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	650.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE	13 OF	435
Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a 11b	11c	12	
,	12 14	15	16	717

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ruben Abreu  Mailing Address 104 augusta square		Date of Receipt  09 09 09 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78503  C Occupation	Transaction ID : SA11AI.15766  Amount of Each Receipt this Period  250.00  contribution
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Ruben Abreu  Mailing Address 104 augusta square		Date of Receipt  10 14 _ 2011 _
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.15986  Amount of Each Receipt this Period  250.00
Name of Employer self-employee  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
Full Name (Last, First, Middle Initial)  Ruben Abreu  Mailing Address 104 augusta square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78503  C	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16204  Amount of Each Receipt this Period  250.00  contribution
self-employee  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  2750.00	
SUBTOTAL of Receipts This Page (optional	nl)	750.00
TOTAL This Period (last page this line nun	nber only)	

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

F	OR	LINE	NU	MBER	:	PAGE	1	14	OF	•	435
(C	he	ck only	or	ne)							
	X	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Ruben Abreu  Mailing Address 104 augusta square	State 7:- Code	Date of Receipt  12 09 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employee Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Transaction ID : SA11AI.16436  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	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 (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15550  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

	FOF	LINE	NU	MBER	:	PAGE	. 1	15	OF	435
Use separate schedule(s) for each category of the	l `	ck only	or	ne)		_				
Detailed Summary Page	×	11a		11b		11c		12		
		12		1/		15		16		717

angle BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage  City Pharr	State Zip Code TX 78577	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15771  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage  City  Pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Date of Receipt  10 14 2011  Transaction ID : SA11AI.15987  Amount of Each Receipt this Period  250.00  contribution
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Juan Aguilera  Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16205  Amount of Each Receipt this Period  250.00  contribution
OUDTOTAL (D Ti. D / .:	I)	750.00

	FOR LINE NUM	BER:	PAGE	16 OF	
Use separate schedule(s) for each category of the	(check only one)		_	,	
Detailed Summary Page	X 11a 11	1b ¹	11c	12	
, 0	12     17	л I I.	15	16	

435

angle BORDER HEALTH FEDERA	L PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11Al.16437
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer	Occupation	Contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial)  Ms Sahar Alizy	•	Date of Receipt
Mailing Address 1609 Martin		M = M / D = D / Y = Y = Y
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15772
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  . Ms Sahar Alizy	<u>'</u>	Date of Receipt
Mailing Address 1609 Martin		10 14 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15988  Amount of Each Receipt this Period
FEC ID number of contributing	C	25.00
federal political committee.		contribution
federal political committee.  Name of Employer	Occupation	Contribution
	Occupation private investor	Contribution
Name of Employer selfemployed Receipt For:	,	Contribution
Name of Employer selfemployed	private investor	Contribution
Name of Employer selfemployed Receipt For: Primary General	private investor  Aggregate Year-to-Date ▼  250.00	300.00

FOR LINE NUMBER: PAGE 17 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

435

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  Ms Sahar Alizy  Mailing Address 1609 Martin  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID : SA11AI.16206
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  275.00	Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Ms Sahar Alizy  Mailing Address 1609 Martin  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16438  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Michael Alleyn  Mailing Address 5505 N. 4th  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15335  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (option	al)	300.00

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

18 OF

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	′	11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	pur	pose o	f so	oliciting	COI	ntributio	ons	

A or for commercial purposes, other than 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) Michael Alleyn Date of Receipt Mailing Address 5505 N. 4th 80 2011 18 City State Zip Code Transaction ID: SA11AI.15552 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Alleyn Date of Receipt Mailing Address 5505 N. 4th 09 09 2011 City State Zip Code Transaction ID: SA11AI.15767 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Alleyn Date of Receipt Mailing Address 5505 N. 4th M M / 10 14 2011 Zip Code City State Transaction ID: SA11AI.15989 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

F						PAGE	. 1	19	OF	•	435
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Michael Alleyn  Mailing Address 5505 N. 4th  City  mcallen	State Zip Code TX 78501	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16207  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date   2750.00	250.00 contribution
Full Name (Last, First, Middle Initial)  3. Michael Alleyn  Mailing Address 5505 N. 4th  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AL16439
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  3000.00	Transaction ID : SA11AI.16439  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Ms Alex Ambriz  Mailing Address 15253 Heather  City  Harlingen	State Zip Code TX 78552	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  225.00	25.00 contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00
TOTAL This Period (last page this line number	r only)	

		_	LINE	PAGE	. 2	20 O	F			
Use separate schedule(s) for each category of the	(c	he	neck only one)							
Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	Г

435

or for commercial purposes, other than using	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	L PAC	
Full Name (Last, First, Middle Initial)  Ms Alex Ambriz  Mailing Address 15253 Heather		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.15990
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Ms Alex Ambriz		Date of Receipt
Mailing Address 15253 Heather		M = M / D = D / Y = Y = Y
City	State Zip Code	11 10 2011 Transaction ID : \$A11A116208
City Harlingen	TX 78552	Transaction ID : SA11AI.16208  Amount of Each Receipt this Period
FEC ID number of contributing	. 5002	/ amount of Each Fledelpt tills Fellou
federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  . Ms Alex Ambriz		Date of Receipt
Mailing Address 15253 Heather		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16440
Harlingen	TX 78552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	75.00
IVIAL ITIS Period (last page this line num	ber only)	

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

FOR LINE NUMBER:					PAGE	2	21	OF	-	435	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt
City mcallen	State Zip Code TX 78501	07 15 2011  Transaction ID : SA11AI.15337  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt  08 18 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID: SA11AI.15554  Amount of Each Receipt this Period  250.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah  City	State Zip Code	Date of Receipt    M
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Transaction ID : SA11AI.15768  Amount of Each Receipt this Period  250.00  contribution
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	750.00
TOTAL This Period (last page this line number	er only)	

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

FC	R LINE	PAGE	2	22	OF	•	435		
(ch	(check only one)								
	<b>X</b> 11a	11b		11c		12			
	13	14		15		16			17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt
City	State Zip Code TX 78501	10 14 2011 Transaction ID : SA11AI.15991 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cocupation	250.00 contribution
Name of Employer self-employed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  Michael Amyx  Mailing Address 2108 Mynah		Date of Receipt
City mcallen	State Zip Code TX 78501	11 10 2011  Transaction ID : SA11AI.16209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For:	Occupation private investor	- contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah	State 7th On the	12 09 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3000.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER:	PAGE	23 OF	435
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14		16 F	717

or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Edwardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		07 15 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.15338
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	875.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		08 18 _ 2011 _
City	State Zip Code	08
Mcallen	TX 78504	Amount of Each Receipt this Period
		, another of Each Hoodpt this I endu
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino	1	Date of Receipt
Mailing Address 112 E. Xenops		09 092011
City	State Zip Code	Transaction ID : SA11AI.15774
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1125.00	
SUBTOTAL of Receipts This Page (options	al)	375.00
TOTAL This Pariod (last nage this line nur	mber only)	
TOTAL THIS FEHOU (last page this line hur	110c1 Ottiy)	

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

FOF					PAGE	2	24	OF	•	435
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino  Mailing Address 113 E Veneza		Date of Receipt
Mailing Address 112 E. Xenops		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.15993
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Edwardo Aquino		Date of Receipt
Mailing Address 112 E. Xenops		1,1 10 2011
City	State Zip Code	Transaction ID : SA11AI.16211
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	125.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1375.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Aquino	'	Date of Receipt
Mailing Address 112 E. Xenops		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16442
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional	I) <b>&gt;</b>	375.00
	·,······	
TOTAL This Period (last page this line num	ber only)	

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

		NUMBER	: F	PAGE	25 O	F 435		
(check only one)								
	<b>X</b> 11a	11b	11	lc	12			
	13	14	1	5	16	17		

	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004		Date of Receipt
N. Cynthia	7: 0 :	07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15339
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate four to Bute ¥	
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  Dario Arango		Date of Receipt
Mailing Address 7004		M = M / D = D / Y = Y = Y
N. Cynthia	Ctata Zin Cod-	08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15556
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Dario Arango		Date of Receipt
Mailing Address 7004		M = M / D = D / Y = Y = Y
N. Cynthia		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15775
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

	I FOR LINE	NOMBER
Use separate schedule(s)	(check only	one)
for each category of the	l `	,
Detailed Summary Page	<b>X</b> 11a	11b

FOR LINE	NUMBER	: PAGE	: 26 OF	435				
(check only one)								
<b>X</b> 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.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.15994  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16212  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dario Arango  Mailing Address 7004  N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16443  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line numb	per only)	

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

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Daisy Arce  Mailing Address 129 Bluebird		Date of Receipt
City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	7 15 2011 Transaction ID : SA11AI.15340 Amount of Each Receipt this Period 50.00  contribution
Full Name (Last, First, Middle Initial)  Daisy Arce  Mailing Address 129 Bluebird  City  Mcallen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt    M
federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	50.00 contribution
Full Name (Last, First, Middle Initial)  Daisy Arce  Mailing Address 129 Bluebird  City  Mcallen	State Zip Code TX 78504	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15776  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	50.00 contribution
SUBTOTAL of Receipts This Page (optional	)	150.00
TOTAL This Period (last page this line num	ber only)	

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

					PAGE	2	28	OF	435
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Daisy Arce  Mailing Address 129 Bluebird		Date of Receipt
City Mcallen	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.15995  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  3. Daisy Arce  Mailing Address 129 Bluebird		Date of Receipt
City Mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16213  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial)  Daisy Arce		Date of Receipt
Mailing Address 129 Bluebird		12 09 / Y = Y = Y = Y = Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16444  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  600.00	- contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

Use separate schedu for each category of Detailed Summary Pa

ula (a)	FOF	PAGE	2	29	OF	4	435				
ıle(s) the	(che	ck only	or	ie)							
age	<u> </u> ×	11a		11b		11c		12	_		
Ü		13		14		15		16			17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Alejandro Arizmendi  Mailing Address 307 N 'D' Salinas Blvd		Date of Receipt
City Donna	State Zip Code TX 78537	09 09 2011  Transaction ID : SA11AI.15777  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	CONTRIBUTION
Full Name (Last, First, Middle Initial)  Alejandro Arizmendi  Mailing Address 307 N 'D' Salinas Blvd	Ctoto 7:- O-d-	Date of Receipt  10 14 2011
City  Donna  FEC ID number of contributing federal political committee.	State Zip Code TX 78537	Transaction ID : SA11AI.15996  Amount of Each Receipt this Period  25.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  250.00	contribution
Full Name (Last, First, Middle Initial)  Alejandro Arizmendi  Mailing Address 307 N 'D' Salinas Blvd		Date of Receipt
City Donna  FEC ID number of contributing	State Zip Code TX 78537	Transaction ID : SA11AI.16214  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	25.00 contribution
selfemployed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  275.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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

FC	PAGE	3	30	OF	•	435			
(check only one)									
>	<b>1</b> 1a	11b		11c		12			
	13	14		15		16	;		17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Alejandro Arizmendi  Mailing Address 307 N 'D' Salinas Blvd		Date of Receipt
City Donna	State Zip Code TX 78537	12 09 2011  Transaction ID : SA11AI.16445  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila  Mailing Address 104 W. 20th Street	Date of Receipt	
City Weslaco	State Zip Code TX 78596	7 15 2011 Transaction ID : SA11AI.15342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street		08 18 2011
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15559  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation doctor  Aggregate Year-to-Date ▼  1000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		275.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	. 3	31	OF	•	435	
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila  Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	09 09 2011  Transaction ID : SA11AI.15778  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	125.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	doctor  Aggregate Year-to-Date ▼  1125.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila  Mailing Address 104 W. 20th Street	Date of Receipt  10 14 2011	
City Weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.15997  Amount of Each Receipt this Period  125.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1250.00	
Full Name (Last, First, Middle Initial)  Dr. Felipe Avila  Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.16215  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00 contribution
Name of Employer self-employed Receipt For: Primary General	Occupation doctor  Aggregate Year-to-Date ▼	
Other (specify)	1375.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	375.00
TOTAL This Period (last page this line number	er only)	

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

					PAGE	3	32	OF	•	435	
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16	;		17	

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila  Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	12 09 2011  Transaction ID : SA11AI.16446  Amount of Each Possipt this Posice
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  125.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6	Stata 7in Cod-	Date of Receipt  07 15 2011
City weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.15343  Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	400.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6		Date of Receipt  08 18 2011
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15560  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	925.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 33 OF 435

Use separate schedule(s)	_	ok oph	_			TAGE	. `	J		100
for each category of the	l `—	(check only one)								
Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	he 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)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  109 109 2011  Transaction ID: SA11AI.15779  Amount of Each Receipt this Period  400.00  contribution
Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  4000.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.15998  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport suite 6  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16216  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1200.00
TOTAL This Period (last page this line number	er only)	

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

					PAGE	3	34	OF	-	435	
(chec	(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 (Last, First, Middle Initial)  Murphy Badiga  Mailing Address 1503 S. Airport  suite 6  City  weslaco  FEC ID number of contributing	State Zip Code TX 78596	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16447  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  4800.00	contribution
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  350.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15344  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  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)	<u> </u>	500.00
TOTAL This Period (last page this line number	only)	

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

ı	FOR L	PAGE		35 OI	= .	435					
	(check only one)										
	X 11	а	11b		11c		12				
	13	3	14		15		16		17		

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th	Stato 7: 0-1	Date of Receipt  M M M / D D / Y D Y D Y D D M D D M D D M D D D M D D D M D
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  450.00	Transaction ID : SA11AI.15780  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11Al.15999  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  550.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16217  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional).		150.00
TOTAL This Period (last page this line number	er only)	

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

						PAGE	. 3	36	OF	•	435
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Susan Bajus  Mailing Address 5705 North 4th		Date of Receipt
City McAllen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16448  Amount of Each Receipt this Period  50.00  contribution
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	
selfemployed Receipt For: Primary General	private investor  Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Cayetano Barrera	600.00	Date of Receipt
Mailing Address 501 Mockingbird Lane	State 7in Codo	07 15 Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID: SA11AI.15345  Amount of Each Receipt this Period  50.00  contribution
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		08 18 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15562  Amount of Each Receipt this Period  50.00
FEC ID number of contributing federal political committee.	C	
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	150.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:					PAGE	37	OF	•	435	
(check only one)										
[	X	11a		11b		11c	12			
		13		14		15	16	;		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Cayetano Barrera  Mailing Address 501 Mockingbird Lane		Date of Receipt
City mcallen	State Zip Code TX 78501	09 09 2011  Transaction ID : SA11AI.15781  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Cayetano Barrera  Mailing Address 501 Mockingbird Lane		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16000  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16218  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  550.00	. contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	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:					PAGE	3	38	OF	•	435
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Cayetano Barrera  Mailing Address 501 Mockingbird Lane		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16449
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer		Date of Receipt
City mcallen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera		Date of Receipt
Mailing Address 3000 Yellowhammer	000	08 18 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1000.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
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:						PAGE		39	OF	4	435
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15782  Amount of Each Receipt this Period  125.00  contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1125.00	
Full Name (Last, First, Middle Initial)  B. Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:	State Zip Code TX 78504  C  Occupation private investor	Transaction ID : SA11AI.16001  Amount of Each Receipt this Period  125.00  contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16219  Amount of Each Receipt this Period  125.00  contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numbe	<u></u>	375.00

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

					PAGE		40	OF	435	
ı	(check only one)									
	×	11a		11b		11c		12		
ı		13		14		15		16	;	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Mr. Marcos Barrera  Mailing Address 3000 Yellowhammer		Date of Receipt
City mcallen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16450  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  Ricardo Barrera  Mailing Address 420 Frio		Date of Receipt
City mission	State Zip Code TX 78572	07 15 2011  Transaction ID : SA11AI.15347  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Ricardo Barrera		Date of Receipt
Mailing Address 420 Frio	0000	08 18 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		625.00
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:					PAGE	 11	OF		435	
(check only one)										
	X	11a		11b		11c	12			
		13		14		15	16	;		17

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Ricardo Barrera  Mailing Address 420 Frio		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15783
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  Ricardo Barrera  Mailing Address 420 Frio	State Zin Code	Date of Receipt  10 14 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16002  Amount of Each Receipt this Period  250.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
Full Name (Last, First, Middle Initial)  Ricardo Barrera  Mailing Address 420 Frio	Chata Zin Cada	Date of Receipt  11 10 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Amount of Each Receipt this Period  250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	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:					PAGE	_ 4	12	OF	•	435
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	;		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ricardo Barrera  Mailing Address 420 Frio		Date of Receipt
City mission	State Zip Code TX 78572	12 09 2011 Transaction ID : SA11AI.16451
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15348  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal		08 18 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15565  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 43 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt    M
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  4000.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16003  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16221  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE	NUMBER:	PAGE	44 OF	435
(check only	/ one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using the	ne 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) Dr. Sebrahmanyan Behara  Mailing Address 121 Cardinal  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16452
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   This is a self-employed of the self-employed.	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  4800.00	Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)  Juan Bernini  Mailing Address 2804 Santa Ana  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary Other (specify)   General	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  O7 15 2011  Transaction ID : SA11AI.15349  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Juan Bernini  Mailing Address 2804 Santa Ana  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15566  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	900.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	_ 4	15	OF	•	435
(check only one)											
	X 11a 11b							12			
	13 14					15		16	;		17

or for commercial purposes, other than using t	he 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)  Juan Bernini  Mailing Address 2804 Santa Ana		Date of Receipt  09 09 09 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.15785  Amount of Each Receipt this Period  250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution
Full Name (Last, First, Middle Initial)  3. Juan Bernini  Mailing Address 2804 Santa Ana  City	State Zip Code	Date of Receipt  10 14 2011
mission  FEC ID number of contributing federal political committee.	TX 78574	Transaction ID : SA11AI.16004  Amount of Each Receipt this Period  250.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	- contribution -
Full Name (Last, First, Middle Initial)  Juan Bernini  Mailing Address 2804 Santa Ana  City	State Zip Code	Date of Receipt  11 10 2011
mission  FEC ID number of contributing federal political committee.	TX 78574	Transaction ID : SA11AI.16222  Amount of Each Receipt this Period  250.00  contribution
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	
SUBTOTAL of Receipts This Page (optional).	<b>\</b>	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:	PAGE	46 OF	435
(check only	one)			
<b>X</b> 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.

or for commercial purposes, other than using the	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Juan Bernini  Mailing Address 2804 Santa Ana		Date of Receipt  12 09 2011
City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Transaction ID : SA11AI.16453  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15350  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15567  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	_ 4	17	OF	-	435
(check only one)											
	X	11a [	11c		12						
		13		14		15		16			17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15786  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16005  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
Mailing Address 7007 N 1st Lane		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16223  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	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

	_	LINE	PAGE	 48	OF	435			
(	che								
	X 11a 11b						12		
	13 14					15	16	;	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Sarojini Bose  Mailing Address 7007 N 1st Lane		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16454
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
	State 75 Oct.	07 15 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15351
_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		08 18 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15568  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	only)	

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

		LINE	PAGE	 19	OF	•	435			
(check only one)										
X 11a 11b						11c	12			
		13		14		15	16			17

or for commercial purposes, other than using the	ne 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) Francisco Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
City mission  FEC ID number of contributing	State Zip Code TX 78572	09 09 2011  Transaction ID : SA11AI.15787  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	250.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt  10 14 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16006  Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16224  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	2750.00	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 NUMBER:					PAGE		50	OF	•	435	
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Francisco Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
City mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16455  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Dr. Yvonne Bracamontes  Mailing Address 2005 Cimarron Court	Choto	Date of Receipt  07 15 2011
City  Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.15352  Amount of Each Receipt this Period  50.00
federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes  Mailing Address 2005 Cimarron Court  City	State Zip Code	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15569
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  50.00  contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	- Comandunori
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	350.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 51 OF 435

ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions	EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	<b>,</b> ′	Ib		11c 15	$\vdash$	12 16		17
	ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purpos	se of	f so	liciting	cor	ntributio	ons	

A or for commercial purposes, other than 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) Dr. Yvonne Bracamontes Date of Receipt Mailing Address 2005 Cimarron Court 09 2011 City State Zip Code Transaction ID: SA11AI.15788 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Yvonne Bracamontes Date of Receipt Mailing Address 2005 Cimarron Court 10 14 2011 City State Zip Code Transaction ID: SA11AI.16007 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Yvonne Bracamontes Date of Receipt Mailing Address 2005 Cimarron Court M M / 11 10 2011 City State Zip Code Transaction ID: SA11AI.16225 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE	NUMBER:	PAGE	52 OF	435					
(check only one)									
<b>X</b> 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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Dr. Yvonne Bracamontes  Mailing Address 2005 Cimarron Court		Date of Receipt
City Mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16456  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Coccupation	50.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Robert Brace  Mailing Address 2000 N. 8th Street		Date of Receipt  07 15 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.15353  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	contribution
Full Name (Last, First, Middle Initial)  Robert Brace  Mailing Address 2000 N. 8th Street  City	State Zip Code	Date of Receipt    M
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 400.00
Name of Employer  self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	 53	OF	435	
	(check only one)							_		
		X	11a		11b		11c	12	!	
			13		14		15	16	;	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Robert Brace  Mailing Address 2000 N. 8th Street		Date of Receipt
City mcallen	State Zip Code TX 78501	09 09 2011  Transaction ID : SA11AI.15789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	COTTO IDUITOTT
Full Name (Last, First, Middle Initial)  Robert Brace  Mailing Address 2000 N. 8th Street		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16008  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	contribution
Full Name (Last, First, Middle Initial)  C. Robert Brace  Mailing Address 2000 N. 8th Street		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
self-employed  Receipt For:  Primary  Other (specify)	physician  Aggregate Year-to-Date ▼  4400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 54 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

Г	Un	LIIVE	IVU	IVIDED		FAGL		)4	Oi		+55
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  A. Robert Brace  Mailing Address 2000 N. 8th Street		Date of Receipt
City mcallen	State Zip Code TX 78501	12 09 2011  Transaction ID : SA11AI.16457  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
self-employed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  4800.00	-
Full Name (Last, First, Middle Initial)  3. Desi Canals  Mailing Address 1912 Trinity		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.15791  Amount of Each Receipt this Period  25.00
Name of Employer Self employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	contribution
Full Name (Last, First, Middle Initial)  Desi Canals  Mailing Address 1912 Trinity		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.16010  Amount of Each Receipt this Period  25.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	contribution
	<b>•</b>	450.00
TOTAL THIS FEHOU (last page this line numb	€i ∪iliy)	

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

FOR LINE NUMBER:					PAGE		55	OF	•	435
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	;		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Desi Canals  Mailing Address 1912 Trinity		Date of Receipt
City Mission	State Zip Code TX 78574	11 10 2011  Transaction ID : SA11AI.16228  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Desi Canals  Mailing Address 1912 Trinity		Date of Receipt
City Mission	State Zip Code TX 78574	12 09 2011  Transaction ID : SA11AI.16459  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Alonzo Cantu		Date of Receipt
Mailing Address P.O.Box 2673	0	07 15 / Y=Y=Y=Y
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.15356  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2800.00	- contribution
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

					PAGE	 56	OF	•	435
(che	ck only	or	ne)						
X	11a		11b		11c	12			
	13		14		15	16	;		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Alonzo Cantu  Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	08 18 2011  Transaction ID : SA11AI.15573  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3200.00	contribution
Full Name (Last, First, Middle Initial)  Alonzo Cantu  Mailing Address P.O.Box 2673  City	State Zip Code	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.	TX 78502	Transaction ID : SA11AI.15792  Amount of Each Receipt this Period  400.00  contribution
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3600.00	·
Full Name (Last, First, Middle Initial)  Alonzo Cantu  Mailing Address P.O.Box 2673	State Zin Code	Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16011  Amount of Each Receipt this Period  400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  4000.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	: 5	57	OF	435
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Alonzo Cantu  Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	11 10 2011  Transaction ID : SA11AI.16229  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  4400.00	contribution
Full Name (Last, First, Middle Initial)  Alonzo Cantu  Mailing Address P.O.Box 2673  City	State Zip Code	Date of Receipt  12 09 2011
mcallen  FEC ID number of contributing federal political committee.	TX 78502	Transaction ID : SA11AI.16460  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  4800.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu  Mailing Address 2102 Deborah  City	State Zip Code	Date of Receipt    M
Edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 58 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

	II LIIVL	NONDELL		117101	- `	,0	0.		-
(ch	(check only one)								
>	<b>1</b> 1a	11b		11c		12			
	13	14		15		16		1	17

or for commercial purposes, other than using the	ne 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)  Dr. Leonel Cantu  Mailing Address 2102 Deborah		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer Self employed	State Zip Code TX 78539  C  Occupation physician	Transaction ID : SA11AI.15574  Amount of Each Receipt this Period  50.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu  Mailing Address 2102 Deborah		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  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.15793  Amount of Each Receipt this Period  50.00
Name of Employer Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  450.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu  Mailing Address 2102 Deborah  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID: SA11Al.16012
Edinburg  FEC ID number of contributing federal political committee.  Name of Employer	TX 78539  C Occupation	Amount of Each Receipt this Period  50.00  contribution
Self employed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	r only)	

	FOR LINE	NUMBER	:	PAGE	:
Use separate schedule(s) for each category of the	(check only	one)			
Detailed Summary Page	<b>X</b> 11a	11b		11c	
	12	1.1		15	Г

59 OF

12 16 435

NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
> BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu		Date of Receipt
Mailing Address 2102 Deborah		11 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.16230
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  Dr. Leonel Cantu	·	Date of Receipt
Mailing Address 2102 Deborah		12 09 2011 _
City	State Zip Code	Transaction ID : SA11AI.16461
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Name of Employer Self employed	Occupation	
Receipt For:	physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu	I .	Date of Receipt
Mailing Address 1201 S. Gumwood		
1201 5. Gumwood		07 15 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15358
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (options	al)	150.00
cccc.ptcc r ago (opiloti		
TOTAL This Period (last page this line nur	nber only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 60 OF Use separate schedule(s)

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	_	11b 14		11c 15		12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	ourp	ose of	f so	liciting	cor	ntributio	ons	

A or for commercial purposes, other than 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) Ms Melissa Cantu Date of Receipt Mailing Address 1201 S. Gumwood 80 2011 18 City State Zip Code Transaction ID: SA11AI.15575 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Melissa Cantu Date of Receipt Mailing Address 1201 S. Gumwood 09 09 2011 City State Zip Code Transaction ID: SA11AI.15794 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Melissa Cantu Date of Receipt Mailing Address 1201 S. Gumwood 2011 10 14 Zip Code City State Transaction ID: SA11AI.16013 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

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

					PAGE	- (	31	OF	•	435
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16	;		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu  Mailing Address 1201 S. Gumwood		Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11Al.16231
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  Ms Melissa Cantu		Date of Receipt
Mailing Address 1201 S. Gumwood		12 09 2011
City	State Zip Code TX 78577	Transaction ID : SA11AI.16462
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas		Date of Receipt
Mailing Address 1000 N. Taylor Road		07 15 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15359  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2800.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	- 6	32	OF	•	435
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial)  Carlos Cardenas  Mailing Address 1000 N. Taylor Road		Date of Receipt  08 18 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.15576  Amount of Each Receipt this Period  400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
Full Name (Last, First, Middle Initial)  Carlos Cardenas  Mailing Address 1000 N. Taylor Road  City	State Zip Code	Date of Receipt  09 09 2011
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Transaction ID : SA11AI.15795  Amount of Each Receipt this Period  400.00  contribution
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.16014  Amount of Each Receipt this Period  400.00  contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	1200.00

FOR LINE NUMBER: PAGE 63 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

1 01		110	IVIDEI	ITAGE	- '	,,,	0.	.00
(che	ck only	or	ıe)					
X	11a		11b	11c		12		
	13		14	15		16		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	* *	
Full Name (Last, First, Middle Initial)  Carlos Cardenas  Mailing Address 1000 N. Taylor Road		Date of Receipt
City mcallen  FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.16232  Amount of Each Receipt this Period  400.00
federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	contribution
Full Name (Last, First, Middle Initial)  Carlos Cardenas  Mailing Address 1000 N. Taylor Road  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16463
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	TX 78501  C Occupation	Amount of Each Receipt this Period  400.00  contribution
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  4800.00	
Full Name (Last, First, Middle Initial)  Jose Carreras  Mailing Address 1016 E. Griffin Parkway		Date of Receipt  07 15 2011
City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Transaction ID : SA11AI.15360  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	<u>-</u>	

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

_	NE NUMBER	I					
(check of	only one)						
X 118	a 11b	11c	12				
13	14	15	16	17			

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Jose Carreras  Mailing Address 1016 E. Griffin Parkway		Date of Receipt
City mission	State Zip Code TX 78572	08 18 2011  Transaction ID : SA11AI.15577  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial)  Jose Carreras  Mailing Address 1016 E. Griffin Parkway		Date of Receipt  09 09 2011
City mission	State Zip Code TX 78572	09 09 2011  Transaction ID : SA11AI.15796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkway		10 14 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16015  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employed  Receipt For:  Primary  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  4000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	· only)	

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

FOF	LINE	INE NUMBER: PAGE 65 OF						•	435	
(che	ck only	or	ne)							
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Jose Carreras  Mailing Address 1016 E. Griffin Parkway		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16233  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
self-employed  Receipt For:  Primary General  Other (specify)	physician  Aggregate Year-to-Date ▼  4400.00	
Full Name (Last, First, Middle Initial)  Jose Carreras  Mailing Address 1016 E. Griffin Parkway		Date of Receipt  12 09 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16464  Amount of Each Receipt this Period  400.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	4800.00	
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane  City	State Zip Code	Date of Receipt  O7 15 2011  Transaction ID : SA11AI.15361
Edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period  50.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  350.00	_ contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number	only)	

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

FC	FOR LINE NUMBER: PAGE 66 OF						4	435		
(cl	neck	only	or	ıe)						
	X 1	1a		11b		11c	12			
	10	3		14		15	16			17

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane  City Edinburg	State Zip Code TX 78539	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date   400.00	50.00 contribution
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane  City  Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15797  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021  Elk Lane  City  Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16016  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	r only)	

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

-	OH	LINE	NU	MREK	:	PAGE	: (	٥/	OF	•	435
(c	he	ck only	or	ıe)							
	X	11a		11b		11c		12			
		13		14		15		16	<b>i</b>		17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Marissa Castaneda  Mailing Address 5021		Date of Receipt
Elk Lane	State 7in Code	11 10 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16234  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation private investor	contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial)  Marissa Castaneda		Date of Receipt
Mailing Address 5021  Elk Lane	State 7in Cod-	12 09 / Y Y 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.16465  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  C. Augusto Castrillon		Date of Receipt
Mailing Address 223 Rio Grande Drive		07 15 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15362  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line numbe	r only)	

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

-	INE NU		PAGE 68 OF						435
(check	only or	ne)							
X 1	1a	11b		11c		12			
1	3	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 F	PAC	
Full Name (Last, First, Middle Initial)  Augusto Castrillon  Mailing Address 223 Rio Grande Drive		Date of Receipt
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15579
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Augusto Castrillon  Mailing Address and Richards		Date of Receipt
Mailing Address 223 Rio Grande Drive  City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15798
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Augusto Castrillon		Date of Receipt
Mailing Address 223 Rio Grande Drive		10 14 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16017  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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

F	FOR LINE NUMBER:						. (	69	OF	•	435
(check only one)											
	×	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 F	PAC	
Full Name (Last, First, Middle Initial)  Augusto Castrillon  Mailing Address 223 Rio Grande Drive		Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16235
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Augusto Castrillon		Date of Receipt
Mailing Address 223 Rio Grande Drive		12 09 2011 _
City	State Zip Code	Transaction ID : SA11AI.16466
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation	contribution
Receipt For:	physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15363
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	•	625.00
TOTAL This Period (last page this line number of	only)	

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

				PAGE	70	OF	435	
(check only one)								
X	11a		11b		11c	12		
	13		14		15	16	;	17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road		Date of Receipt
City mission	State Zip Code TX 78572	08 18 2011  Transaction ID : SA11AI.15580  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1375.00	- contribution
Full Name (Last, First, Middle Initial)  Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road	Otata 7: 0 :	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.15799  Amount of Each Receipt this Period  125.00
Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1500.00	- contribution
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID : SA11AL 16019
mission  FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.16018  Amount of Each Receipt this Period  125.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1625.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	375.00
TOTAL This Period (last page this line number	only)	

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

	FOR LINE NUMBER:				PAGE	: 7	71	OF	•	435	
(check only one)											
	>	<b>1</b> 1a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16236  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	125.00 - contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Norma Cavazos-Salas  Mailing Address 2301 N. Bryan Road	Chata Zin Cada	Date of Receipt  12 09 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16467  Amount of Each Receipt this Period  125.00
Name of Employer self-employed  Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Tull Name (Last, First, Middle Initial)  R. Chandrarasekharan  Mailing Address 1210 East 8th street  suite 1  City	State Zip Code	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15364
weslaco  FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  875.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	375.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER: PAGE 72 C	)F
Use separate schedule(s) for each category of the	(check only one)	
Detailed Summary Page	X 11a 11b 11c 12	
,,	10 14 45 40	

435

16

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer  self-employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15581  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15800  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer  self-employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16019  Amount of Each Receipt this Period  125.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.00
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:					PAGE	7	73	OF	•	435
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  1375.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16237  Amount of Each Receipt this Period  125.00  contribution
R. Chandrarasekharan  Mailing Address 1210 East 8th street suite 1  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78591  C  Occupation physician  Aggregate Year-to-Date ▼  1500.00	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16468  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Roel Contreras  Mailing Address 1609 Harvey  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  225.00	Date of Receipt  9 9 2011  Transaction ID : SA11AI.15801  Amount of Each Receipt this Period  25.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	275.00
TOTAL This Period (last page this line number	only)	

		PAGE	74 OF	435
Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a 11b	11c	12	_
, 0		15	16	17

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	ing the name and address of any political committee	to solicit contributions from Such committee.			
Full Name (Last, First, Middle Initial)  Mr. Roel Contreras		Date of Receipt			
Mailing Address 1609 Harvey		10 14 2011			
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.16020			
FEC ID number of contributing	C 78501	Amount of Each Receipt this Period  25.00			
federal political committee.	9				
Name of Employer selfemployed	Occupation private investor	contribution			
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	250.00	]			
Full Name (Last, First, Middle Initial)  Mr. Roel Contreras		Date of Receipt			
Mailing Address 1609 Harvey		M = M / D = D / Y = Y = Y			
City	State Zip Code	11 10 2011 Transaction ID : SA11Al.16238			
McAllen	TX 78501	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor	_			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	]			
Full Name (Last, First, Middle Initial)  Mr. Roel Contreras	·	Date of Receipt			
Mailing Address 1609 Harvey		12 09 2011			
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.16469  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:  Primary General	Aggregate Year-to-Date ▼	_			
Other (specify)	300.00	]			
SUBTOTAL of Receipts This Page (option	nal)	75.00			
OODITIAL OF NECERPLS THIS Page (OPTION	IGIJ				
TOTAL This Period (last page this line nu	ımber only)				

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

FOF	PAGE	: 7	75	OF	435				
(che	ck only	or	ne)						
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 F	PAC					
Full Name (Last, First, Middle Initial) Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite 7	Date of Receipt					
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15366				
McAllen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employee Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution				
Primary General Other (specify) ▼	700.00					
Full Name (Last, First, Middle Initial)  3. Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite 7		Date of Receipt				
City McAllen	State Zip Code TX 78503	08 18 2011  Transaction ID : SA11AI.15583  Amount of Each Receipt this Period  100.00  contribution				
FEC ID number of contributing federal political committee.	С					
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00					
Full Name (Last, First, Middle Initial)  Dr. Virah Cooper		Date of Receipt				
Mailing Address 1801 South 5th Street suite 7		09 09 2011				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.15802  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  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

FOF	PAGE	: 7	76	OF	435				
(che	ck only	or	ne)				_		
$\mid \mid \mid \times$	11a		11b		11c		12	!	
	13		14		15		16	;	17

	the name and address of any political committee				
NAME OF COMMITTEE (IN FUII)  BORDER HEALTH FEDERAL	L PAC				
Full Name (Last, First, Middle Initial)  Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite		Date of Receipt			
		11 10 2011			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16424			
FEC ID number of contributing federal political committee.	C 78303	Amount of Each Receipt this Period			
Name of Employer self-employee	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial)  Dr. Virah Cooper  Mailing Address 1801 South 5th Street suite	· 	Date of Receipt			
Mailing Address 1801 South 5th Street suite  City  McAllen	State Zip Code TX 78503	12 09 2011  Transaction ID : SA11AI.16470  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer self-employee	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00				
Full Name (Last, First, Middle Initial)  Dr. Oscar Cortez		Date of Receipt			
Mailing Address 4101 South Burns Drive		07 15 2011			
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.15367  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
Self employed	physician	_			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00				
	) <b>&gt;</b>	300.00			
TOTAL This Period (last page this line numb	per only)				

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

-(	JK LINE	NOMBER	: PAGE	: // OF	435	
(check only one)						
[	X 11a	11b	11c	12		
	13	14	15	16	17	

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Oscar Cortez		Date of Receipt
Mailing Address 4101 South Burns Drive		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15584
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  Dr. Oscar Cortez		Date of Receipt
Mailing Address 4101 South Burns Drive		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15803
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	†
Primary General	Aggicgate Teal-to-Date ▼	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Dr. Oscar Cortez	•	Date of Receipt
Mailing Address 4101 South Burns Drive		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16021
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	300.00
CODITION THEORIPIS THIS FAGE (OPHONAL)	<u> </u>	7 7 7
TOTAL This Period (last page this line numb	per only)	

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

ı						PAGE	7	78	OF	435
ı	(che	ck only	or	ne)						
	X	11a		11b		11c		12		
ı		13		14		15		16	;	17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez  Mailing Address 4101 South Burns Drive		Date of Receipt
City	State Zip Code TX 78503	11 10 2011 Transaction ID : SA11AI.16239
McAllen  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)  Dr. Oscar Cortez  Mailing Address 4101 South Burns Drive		Date of Receipt  12 09 2011
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)  Diana Cortinas		Date of Receipt
Mailing Address 1400 Northgate Lane		07 15 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15368  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	237.27
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1507.62	- contribution
SUBTOTAL of Receipts This Page (optional)		437.27
TOTAL This Period (last page this line number	r only)	

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

					PAGE	. 7	79	OF	•	435	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using th	e 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)  Diana Cortinas  Mailing Address 1400 Northgate Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	08 19 2011  Transaction ID : SA11AI.15585  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	193.50 contribution
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1701.12	
Full Name (Last, First, Middle Initial)  3. Diana Cortinas  Mailing Address 1400 Northgate Lane	Choto 7'- O-1-	Date of Receipt  09 09 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15804  Amount of Each Receipt this Period  219.06
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1920.18	contribution
Full Name (Last, First, Middle Initial)  Diana Cortinas  Mailing Address 1400 Northgate Lane	ı	Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16022  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	171.60 contribution
self-employed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  2091.78	
SUBTOTAL of Receipts This Page (optional)	•	584.16
TOTAL This Period (last page this line number	only)	

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

F						PAGE	: 8	30	OF	•	435
(0	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Diana Cortinas  Mailing Address 1400 Northgate Lane		Date of Receipt  11 10 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2245.12	Transaction ID : SA11AI.16240  Amount of Each Receipt this Period  153.34  contribution
Full Name (Last, First, Middle Initial)  Diana Cortinas  Mailing Address 1400 Northgate Lane  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2409.41	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16472  Amount of Each Receipt this Period  164.29  contribution
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1530.06	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	<u> </u>	560.18
TOTAL This Period (last page this line number	only)	

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

F						PAGE	: 8	31	OF	•	435
(c	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City	State Zip Code TX 78504	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15586
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General  Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1727.87	Amount of Each Receipt this Period  197.81  contribution
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15805
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1951.80	Amount of Each Receipt this Period  223.93  contribution
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2127.22	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16023  Amount of Each Receipt this Period  175.42  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	597.16
TOTAL This Period (last page this line number	r only)	

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

FO						: 8	32	OF	•	435
(check only one)										
>	<b>1</b> 1a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City  mcallen	State Zip Code TX 78504	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16243  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	C  Occupation physician  Aggregate Year-to-Date ▼  2283.97	156.75 contribution
Full Name (Last, First, Middle Initial)  Guillermo Cortinas  Mailing Address 1224 Northgate Lane  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16478
mcallen  FEC ID number of contributing federal political committee.  Name of Employer	TX 78504  C Occupation	Amount of Each Receipt this Period  167.95  contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2451.92	
Full Name (Last, First, Middle Initial)  Javier Cortinas  Mailing Address 1400 Northgate  City  mcallen	State Zip Code TX 78504	Date of Receipt  07
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	574.70
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 83 OF Use separate schedule(s)

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	>	11a 13		11b 14		11c 15		12 16		17
r information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson	for the	purr	ose o	f so	liciting	cor	ntributio	ons	

Any or for commercial purposes, other than 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) Javier Cortinas Date of Receipt Mailing Address 1400 Northgate 2011 City State Zip Code Transaction ID: SA11AI.15587 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Javier Cortinas Date of Receipt Mailing Address 1400 Northgate 09 09 2011 City State Zip Code Transaction ID: SA11AI.15806 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Javier Cortinas Date of Receipt Mailing Address 1400 Northgate M M / 10 14 2011 Zip Code City State Transaction ID: SA11AI.16024 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

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

FOR LINE	NUMBER:	PAGE	84 OF	435				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Javier Cortinas  Mailing Address 1400 Northgate		Date of Receipt
City mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16242  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Javier Cortinas  Mailing Address 1400 Northgate		Date of Receipt
City	State Zip Code TX 78504	12 09 2011 Transaction ID : SA11AI.16474 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial) Dr. Hildegardo Costa		Date of Receipt
Mailing Address 129 Bluebird	Chata 7'- C. I	07 15 2011
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15371  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	_ contribution
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

FOF	FOR LINE NUMBER:					3	35 O	F	435	
(che	(check only one)									
X	11a		11b		11c		12			
	13		14		15		16		17	

	Statements may not be sold or used by any personal particles and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  Dr. Hildegardo Costa  Mailing Address 129 Bluebird		Date of Receipt
City Mcallen	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15588  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Hildegardo Costa  Mailing Address 129 Bluebird		Date of Receipt
City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C Occupation	09 09 2011  Transaction ID : SA11AI.15807  Amount of Each Receipt this Period  50.00  contribution
selfemployed  Receipt For:  Primary  Other (specify)	physician  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Dr. Hildegardo Costa  Mailing Address 129 Bluebird  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16025
Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  50.00  contribution
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	only)	

	FOR LINE	NUMBER:	PAGI	E 86	OF
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	Γ

435

NAME OF COMMITTEE (In Full)	sing the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDER  Full Name (Last, First, Middle Initial)	NAL FAU	
Dr. Hildegardo Costa		Date of Receipt
Mailing Address 129 Bluebird		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16244
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	550.00	1
Full Name (Last, First, Middle Initial)  3. Dr. Hildegardo Costa		Date of Receipt
Mailing Address 129 Bluebird		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16475
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	$\dashv$
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Dr. Edgar Cruz		Date of Receipt
Mailing Address 6912 N. Peking		
USIZ IN. PEKING		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15372
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	1
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (option	onal)	150.00
,		-
FOTAL This Period (last page this line no	umber only)	

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

_	R LINE	PAGE	37	OF	435			
(check only one)								
×	11a		11b		11c	12	!	
	13		14		15	16	;	17

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	the name and address of any political committee	to solicit contributions from Such committee.
Full Name (Last, First, Middle Initial)  Dr. Edgar Cruz  Mailing Address 6912 N. Peking  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15589  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Edgar Cruz  Mailing Address 6912 N. Peking  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15808  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Edgar Cruz  Mailing Address 6912 N. Peking  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   General	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16026  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional	l)	150.00

FOR LINE NUMBER: PAGE 88 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

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

or for commercial purposes, other than us	s and Statements may not be sold or used by any pe sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial) Dr. Edgar Cruz		Date of Receipt
Mailing Address 6912 N. Peking		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16245
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  3. Dr. Edgar Cruz		Date of Receipt
Mailing Address 6912 N. Peking		12 092011
City	State Zip Code	Transaction ID : SA11AI.16476
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  2. James Darling		Date of Receipt
Mailing Address 1225 E Peking		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15373
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
SUBTOTAL of Receints This Page (ontice	onal)	250.00
o. Hoodiple Tills I age (optio	<u> </u>	7 7 7
TOTAL This Period (last page this line n	umber only)	
` . •		

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

FOR LINE NUMBER:					PAGE	39	OF	•	435
(che									
×	11a		11b		11c	12			
	13		14		15	16	;		17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  James Darling  Mailing Address 1225 E Peking  City  mcallen	State Zip Code TX 78501	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1200.00	contribution
Full Name (Last, First, Middle Initial)  3. James Darling  Mailing Address 1225 E Peking  City	State Zip Code	Date of Receipt  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 selfemployed  Receipt For:  Primary General  Other (specify)	TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  1350,00	Transaction ID : SA11AI.15809  Amount of Each Receipt this Period  150.00  contribution
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking  City mcallen  FEC ID number of contributing	State Zip Code TX 78501	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16027  Amount of Each Receipt this Period
Receipt For:    Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1500.00	contribution
SUBTOTAL of Receipts This Page (optional).	<b></b>	450.00
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:					PAGE		90	OF	•	435
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  James Darling  Mailing Address 1225 E Peking		Date of Receipt  11 10 2011
City mcallen  FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.16246  Amount of Each Receipt this Period  150.00
rederal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1650.00	contribution
Full Name (Last, First, Middle Initial)  James Darling  Mailing Address 1225 E Peking  City	State Zip Code	Date of Receipt  12 09 2011
mcallen  FEC ID number of contributing federal political committee.  Name of Employer	TX 78501	Transaction ID : SA11AI.16477  Amount of Each Receipt this Period  150.00  contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  1800.00	
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado  City	State Zip Code	Date of Receipt  07 15 2011
mission  FEC ID number of contributing federal political committee.	TX 78574	Transaction ID : SA11AI.15376  Amount of Each Receipt this Period  250.00  contribution
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1750.00	
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	= 9	91	OF	•	435
(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.

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado  City mission	State Zip Code TX 78574	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  2000.00	Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado  City  mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado  City mission  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78574  C  Occupation private investor  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16029  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	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:					PAGE	. (	92	OF	•	435
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16			17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado		Date of Receipt
City	State Zip Code TX 78574	Transaction ID : SA11Al.16248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  David Deanda  Mailing Address 2408 Dorado		Date of Receipt
City mission	State Zip Code TX 78574	12 09 2011  Transaction ID : SA11Al.16480  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Dr. Carlos De Juana		Date of Receipt
Mailing Address 1105 Zinnia	Ctata 7 C :	07 15 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15375  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  875.00	- contribution
SUBTOTAL of Receipts This Page (optional).		625.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 93 OF 435 Use for Det

	' \	II LIIVL	140	IVIDEI	17101	- `	00		.00
e separate schedule(s)	(ch	eck only	or	ne)					
each category of the tailed Summary Page	>	<b>K</b> 11a		11b	11c		12		
		13		14	15		16		17
								_	

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Carlos De Juana  Mailing Address 1105 Zinnia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15593  Amount of Each Receipt this Period  125.00  contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Carlos De Juana  Mailing Address 1105 Zinnia	1000.00	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.  Name of Employer self-employee  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Transaction ID : SA11AI.15812  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Carlos De Juana  Mailing Address 1105 Zinnia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1250.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16030  Amount of Each Receipt this Period  125.00  contribution
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	375.00
TOTAL This Period (last page this line numl	per only)	

	FOR LINE	NUMBER:	:   PA
Use separate schedule(s)	(check only	one)	
for each category of the			
Detailed Summary Page	<b>X</b> 11a	110	110
	10		

FOR LINE NUMBER:					PAGE	: (	94	OF	•	435	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16			17

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Carlos De Juana  Mailing Address 1105 Zinnia		Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16249
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employee Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1375.00	
Full Name (Last, First, Middle Initial)  3. Dr. Carlos De Juana  Mailing Address 1105 Zinnia		Date of Receipt
City McAllen	State Zip Code TX 78504	12 09 2011 Transaction ID : SA11AI.16481
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period  125.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza		Date of Receipt
Mailing Address 708 South H Street		10 14 2011
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.16031  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·····	300.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	: (	95	OF	•	435	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial)  Dr. Andrew De La Garza  Mailing Address 708 South H Street		Date of Receipt
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78501  C  Occupation physician	Transaction ID : SA11AI.16250  Amount of Each Receipt this Period  50.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Andrew De La Garza  Mailing Address 708 South H Street		Date of Receipt  12 09 2011
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Amount of Each Receipt this Period  50.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  350.00	contribution
Full Name (Last, First, Middle Initial)  Jorge De La Garza  Mailing Address 120 Condor  City	State Zip Code	Date of Receipt  07 15 2011  Transaction ID: SA11AL 15278
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15378  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	350.00

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

FOF	PAGE	. (	96	OF	435				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16	;	17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial)  Jorge De La Garza  Mailing Address 120 Condor		Date of Receipt				
City mcallen	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15594  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00					
Full Name (Last, First, Middle Initial)  3. Jorge De La Garza  Mailing Address 120 Condor		Date of Receipt				
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15814  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00					
Full Name (Last, First, Middle Initial)  Jorge De La Garza		Date of Receipt				
Mailing Address 120 Condor	Charles	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16032  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	- 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:					PAGE	. (	97	OF	•	435	
(0	(check only one)										
	X 11a 11b							12			
		13		14		15		16			17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  1. Jorge De La Garza		Date of Receipt
Mailing Address 120 Condor		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.16251
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  3. Jorge De La Garza  Mailing Address 120 Condor		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11Al.16483
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		07 15 2011
City	State Zip Code TX 78504	Transaction ID : SA11AI.15379
Mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	650.00
TOTAL This Period (last page this line numb	per only)	

Use sep for each Detailed

	FOR LINE NUMBER: PAGE 98 OF 43							
parate schedule(s) h category of the	(check only	one)						
d Summary Page	<b>X</b> 11a	11b	11c	12				
	13	14	15	16	17			

or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Luis Delgado Jr.  Mailing Address 5138 N. 10th		Date of Receipt
Mailing Address 5128 N. 10th		08 18 2011
City	State Zip Code TX 78504	Transaction ID : SA11AI.15595
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial)  3. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		09 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15815
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1350.00	
Full Name (Last, First, Middle Initial)  Luis Delgado Jr.	'	Date of Receipt
Mailing Address 5128 N. 10th		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16033
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SURTOTAL of Receipts This Page (options	al)	450.00
TODIOTAL OF THE CEIPTS THIS FAGE (OPLIOTE	A1/	
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:						PAGE	: :	99	OF	4	435
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		11 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.16252
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1650.00	
Full Name (Last, First, Middle Initial)  3. Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16484
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1800.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 501 Iris		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15816
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receints This Page (optional)	)	325.00
CODICINE OF HECCHIPIS THIS FAGE (OPHONAL)	·····	
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBE (check only one)

FO	PAGE	1	00 OF		435				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

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

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL					
Full Name (Last, First, Middle Initial)  Mr. Ted Disque  Mailing Address 501 Iris  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16034			
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General  Other (specify) ▼	TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  25.00  contribution			
Full Name (Last, First, Middle Initial)  Mr. Ted Disque  Mailing Address 501 Iris  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  275.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16253  Amount of Each Receipt this Period  25.00  contribution			
Full Name (Last, First, Middle Initial)  Mr. Ted Disque  Mailing Address 501 Iris  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16485  Amount of Each Receipt this Period  25.00  contribution			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00			
TOTAL This Period (last page this line number	r only)				

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

FOR LINE NUMBER:					PAGE	1	01 OF	435
(check only one)								
X	11a		11b		11c		12	
	13		14		15		16	17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name (Last, First, Middle Initial) Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt				
City mission	State Zip Code TX 78572	07 15 2011  Transaction ID : SA11AI.15381  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00					
Full Name (Last, First, Middle Initial)  Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt				
City mission	State Zip Code TX 78572	08 18 2011  Transaction ID : SA11AI.15597  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00					
Full Name (Last, First, Middle Initial)  Alberto Duran		Date of Receipt				
Mailing Address 1615 Palazzo		09				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15817  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00				
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	contribution				
SUBTOTAL of Receipts This Page (optional).		1200.00				
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:					PAGE	: 1	02 OF	•	435	
(check only one)										
X 11a 11b						11c		12		
		13		14		15		16		17

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	10 14 2011 Transaction ID : SA11AI.16035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	
Full Name (Last, First, Middle Initial)  Alberto Duran  Mailing Address 1615 Palazzo		Date of Receipt  11 10 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16254  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	- contribution
Full Name (Last, First, Middle Initial) Alberto Duran  Mailing Address 1615 Palazzo  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AL16486
mission  FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.16486  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4800.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	1200.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:					PAGE	1	03 OF	= _	435
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12		
, 0		13		14		15		16		17

	ng the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  Ms Oneida Elizondo  Mailing Address 2411 Durango Drive		Date of Receipt
		09 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15818
	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  3. Ms Oneida Elizondo	'	Date of Receipt
Mailing Address 2411 Durango Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16036
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Ms Oneida Elizondo		Date of Receipt
Mailing Address 2411 Durango Drive		M = M / D = D / Y = Y = Y = Y = 1
City	State Zip Code	Transaction ID : SA11AI.16255
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (ontion	al)	75.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nur	mber only)	

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

ı	FOR LINE	-	: PAGE	E 104 OF	435				
ı	(check only one)								
	<b>X</b> 11a	11b	11c	12					
ı	13	14	15	16	17				

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Oneida Elizondo  Mailing Address 2411 Durango Drive		Date of Receipt
City Mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer		Date of Receipt
City mcallen	State Zip Code TX 78504	7 15 2011 Transaction ID : SA11AI.15383 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  . Kotthegal Eshwar		Date of Receipt
Mailing Address 108 Yellow Hammer	Chata 7'' C. I	08 18 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15599  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	contribution
SUBTOTAL of Receipts This Page (optional)		125.00
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:					PAGE	1	05 OF	435		
	(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.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City  mcallen	State Zip Code TX 78504	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15819  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16037
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16256  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	1	06 OF	435
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Kotthegal Eshwar  Mailing Address 108 Yellow Hammer	State 7in Code	Date of Receipt  12 09 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Transaction ID : SA11AI.16488  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Antonio Esparza  Mailing Address 136 W. Yucca  City mcallent  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15384  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial) Antonio Esparza  Mailing Address 136 W. Yucca  City mcallent  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	550.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 107 OF Use separate schedule(s) for each category of the (check only one) X 11a 11b 11c Detailed Summary Page 13 14 15

435

17

12

16

	Statements may not be sold or used by any personal particles and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Antonio Esparza  Mailing Address 136 W. Yucca		Date of Receipt
City	State Zip Code TX 78504	09 09 2011 Transaction ID : SA11AI.15820
mcallent  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
Full Name (Last, First, Middle Initial)  Antonio Esparza  Mailing Address 136 W. Yucca		Date of Receipt
City mcallent  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16038  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
Full Name (Last, First, Middle Initial) Antonio Esparza  Mailing Address 136 W. Yucca  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16257
mcallent  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	: 1	08 OF	•	435	
	(che	(check only one)								
	×	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Antonio Esparza  Mailing Address 136 W. Yucca		Date of Receipt
	Ohate To O	12 09 2011
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.16489
	17 70304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial)  Maria Elena Falcon		Date of Receipt
Mailing Address 2212 Westway		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	07 15 2011 Transaction ID : \$A11 At 15295
mcallen	TX 78504	Transaction ID : SA11AI.15385  Amount of Each Receipt this Period
		, another cach receipt this relica
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  C. Maria Elena Falcon		Date of Receipt
Mailing Address 2212 Westway		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15601
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

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

-	FOR LINE NUMBER: PAGE 109 OF 435								
(c	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway		Date of Receipt		
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15821  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  Maria Elena Falcon  Mailing Address 2212 Westway		Date of Receipt		
City mcallen	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.16039  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00			
Full Name (Last, First, Middle Initial)  Maria Elena Falcon		Date of Receipt		
Mailing Address 2212 Westway		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16258  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	_ 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

FC	DR	LINE NUMBER: PAGE 110 OF 435							
(cl	he	ck only	or	ıe)					
[	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using th	e 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)  Maria Elena Falcon  Mailing Address 2212 Westway		Date of Receipt		
City mcallen	State Zip Code TX 78504	12 09 2011 Transaction ID : SA11AI.16490 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution		
self-employed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  3000.00			
Full Name (Last, First, Middle Initial)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square		Date of Receipt  07 15 2011		
City mcallen  FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.15386  Amount of Each Receipt this Period  100.00		
federal political committee.  Name of Employer self-employed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  700.00			
Full Name (Last, First, Middle Initial)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square		Date of Receipt		
City mcallen	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15602  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00 contribution		
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	-		
SUBTOTAL of Receipts This Page (optional)	<u>·</u> _	450.00		
TOTAL This Period (last page this line number	only)	7 7 7		

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

_		LINE NUMBER: PAGE 111 OF 435						
(che	eck only	on	ie)					
×	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using the	e 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)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square		Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	09 09 2011  Transaction ID: SA11AI.15822  Amount of Each Receipt this Period  100.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  900.00	contribution
Full Name (Last, First, Middle Initial)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square  City	State 7in Codo	Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16040  Amount of Each Receipt this Period  100.00
Name of Employer self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1000.00	contribution
Full Name (Last, First, Middle Initial)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square		Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504	Transaction ID : SA11AI.16259  Amount of Each Receipt this Period  100.00  contribution
self-employed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  1100.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	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:					:	PAGE	1	12 OF	435
	(che	(check only one)							
	X	11a		11b		11c		12	
		13		14		15		16	17

	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial)  Alberto Felici  Mailing Address 2309 W. Greenbriar Square		Date of Receipt		
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16491		
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose		Date of Receipt		
City mcallen	State Zip Code TX 78504	7 15 2011 Transaction ID : SA11AI.15387 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00			
Full Name (Last, First, Middle Initial)  . Marco Flores		Date of Receipt		
Mailing Address 320 Primrose		08 18 2011		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15603  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		600.00		
TOTAL This Period (last page this line number	r only)			

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

-	FOR LINE NUMBER: PAGE 113 OF 435								
(c	he	ck only	or	ıe)					
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	he 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)  Marco Flores  Mailing Address 320 Primrose		Date of Receipt
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15823  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose		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 TX 78504	Transaction ID : SA11AI.16041 Amount of Each Receipt this Period 250.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	- contribution
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose  City	State Zip Code	Date of Receipt  11 10 2011
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16260  Amount of Each Receipt this Period  250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE I	NUMBER:	:   PAGE	E 114 OF
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
,	13	14	15	16

435

or for commercial purposes, other than using	the name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial)  Marco Flores  Mailing Address 320 Primrose		Date of Receipt		
	Otata 7'- O. J.	12 09 2011		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16492		
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period  250.00		
Name of Employer self-employed	Occupation physician	<ul><li>contribution</li></ul>		
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  3000.00			
Full Name (Last, First, Middle Initial)  3. Ms Melissa P. Flores		Date of Receipt		
Mailing Address 4420 East Mile 17 1/2  City	State Zip Code TX 78542	09 09 2011  Transaction ID : SA11Al.15824  Amount of Each Receipt this Period  25.00		
Edinburg  FEC ID number of contributing federal political committee.	C 78542			
Name of Employer self-employee	Occupation private investor	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00			
Full Name (Last, First, Middle Initial)  C. Ms Melissa P. Flores		Date of Receipt		
Mailing Address 4420 East Mile 17 1/2		10 14 2011		
City Edinburg	State Zip Code TX 78542	Transaction ID : SA11AI.16042  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	contribution		
self-employee	private investor	_		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	300.00		
TOTAL This Period (last page this line numl	per only)			

FOR LINE NUMBER: PAGE 115 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

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

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Ms Melissa P. Flores  Mailing Address 4420 East Mile 17 1/2		Date of Receipt
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78542  C	Transaction ID : SA11AI.16261  Amount of Each Receipt this Period  25.00  contribution
self-employee  Receipt For:  Primary General  Other (specify)	private investor  Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Ms Melissa P. Flores  Mailing Address 4420 East Mile 17 1/2	State 7in Codo	Date of Receipt  12 09 2011
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78542	Transaction ID : SA11AI.16493  Amount of Each Receipt this Period  25.00
Name of Employer self-employee  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  300.00	contribution
Full Name (Last, First, Middle Initial)  Mr. Raymond Franklin  Mailing Address 3212 Nightingale Court		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.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  350.00	Transaction ID : SA11AI.15389  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	100.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 116 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

435

or for commercial purposes, other than using th	e 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)  Mr. Raymond Franklin  Mailing Address 3212 Nightingale Court  City  McAllen	State Zip Code TX 78504	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15605  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  400.00	contribution
Full Name (Last, First, Middle Initial)  Mr. Raymond Franklin  Mailing Address 3212 Nightingale Court  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15825
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78504  C Occupation	Amount of Each Receipt this Period  50.00  contribution
Receipt For: Primary General Other (specify)	Private investor  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Mr. Raymond Franklin  Mailing Address 3212 Nightingale Court  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID: SA11Al.16043
McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation private investor  Aggregate Year-to-Date   500.00	Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 117 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14		11c 15		12 16	<u></u>	17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	urpose o	f sc	liciting	cor	ntributio	ns	

Ar or for commercial purposes, other than 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) Mr. Raymond Franklin Date of Receipt Mailing Address 3212 Nightingale Court 2011 11 10 City State Zip Code Transaction ID: SA11AI.16262 TX 78504 McAllen Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Raymond Franklin Date of Receipt Mailing Address 3212 Nightingale Court 12 09 2011 City State Zip Code Transaction ID: SA11AI.16494 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eugenio Galindo Date of Receipt Mailing Address 5936 N. Cynthia M M / 11 10 2011 Zip Code City State Transaction ID: SA11AI.16426 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation 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).....

- 9

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

ı	FOR LINE	E NUMBER	: PAGE	E 118 OF	435					
	(check only one)									
	<b>X</b> 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	tatements may not be sold or used by any personal name and address of any political committee to			
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL F	PAC			
Full Name (Last, First, Middle Initial)  Eugenio Galindo  Mailing Address 5936 N. Cynthia		Date of Receipt		
City	State Zip Code	12 09 2011		
mcallen	TX 78504	Transaction ID : SA11AI.16495  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer self-employed Receipt For:	Occupation physician	contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  800.00			
Full Name (Last, First, Middle Initial)  Blvin Garcia  Mailing Address 2800 Santa Teresa		Date of Receipt		
City mission	State Zip Code TX 78572	07 15 2011  Transaction ID: SA11AI.15391  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00			
Full Name (Last, First, Middle Initial)  Elvin Garcia		Date of Receipt		
Mailing Address 2800 Santa Teresa		08 18 2011		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15606  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			
SUBTOTAL of Receipts This Page (optional)		900.00		
TOTAL This Period (last page this line number	only)			

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

_	R LINE	_		PAGE	: 1	19 OF	435	
(che								
X 11a 11b				11c		12		
	13		14		15		16	17

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15826
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 199. 199. 10 Pale 1	
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  Elvin Garcia	,	Date of Receipt
Mailing Address 2800 Santa Teresa		M = M / D = D / Y = Y = Y
City	State Zip Code	10 14 2011 Transportion ID : \$4414145044
mission	TX 78572	Transaction ID : SA11AI.16044
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2800 Santa Teresa		M = M / D = D / Y = Y = Y
City	State Zip Code	11 10 2011
mission	TX 78572	Transaction ID : SA11AI.16263  Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2752.00	
Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
	,	
TOTAL This Period (last page this line nul	mber only)	

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

FOR LINE	NUMBER:	PAGE	120 OF	435				
(check only one)								
<b>X</b> 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.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Elvin Garcia  Mailing Address 2800 Santa Teresa		Date of Receipt  12 09 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16496  Amount of Each Receipt this Period  250.00
Name of Employer  self-employed  Receipt For:  Primary  Other (specify)   Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  3000.00	contribution
Full Name (Last, First, Middle Initial)  Hiram Garcia  Mailing Address 2712 E Mile 5 Road	State Zin Codo	Date of Receipt  07 15 2011
City Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574  C	Transaction ID : SA11AI.15392  Amount of Each Receipt this Period  250.00  contribution
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Hiram Garcia  Mailing Address 2712 E Mile 5 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 Mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15607  Amount of Each Receipt this Period  250.00  contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<b>•</b>	750.00

	FOR LINE NUMBER:	
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	
Detailed Carrinary 1 age		-

		LINE			PAGE	1	21 OF	435	
(c	he	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Hiram Garcia  Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11Al.15827
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  A Hiram Garcia  Mailing Address 2712 E Mile 5 Road		Date of Receipt
		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16045
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial)  Hiram Garcia		Date of Receipt
Mailing Address 2712 E Mile 5 Road		11 10 2011
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.16264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	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	: PAGE	122 OF	435	
(check only one)				
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Hiram Garcia  Mailing Address 2712 E Mile 5 Road		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11Al.16497
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Ms Nancy Garcia  Mailing Address 1409 Dora Jeanne Drive		Date of Receipt
		11 10 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16265
Mission FEC. ID available of contribution	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name (Last, First, Middle Initial)  . Ms Nancy Garcia		Date of Receipt
Mailing Address 1409 Dora Jeanne Drive		12 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16498  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		290.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUM	BER:   PAI
Use separate schedule(s)	(check only one)	
for each category of the	X 11a 11	🖂
Detailed Summary Page	X 11a 1	1b 11c
,,	10 1	

ı	FOR	LINE	NU	MBER	:	PAGE	: 1	23 OF	•	435
	(check only one)									
	×	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 (Last, First, Middle Initial)  Dr. Oscar Garcia  Mailing Address 1717 Palazzo		Date of Receipt
City	State Zip Code	07 15 2011
Mission	TX 78572	Transaction ID : SA11AI.15394  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2800.00	
Full Name (Last, First, Middle Initial)  3. Dr. Oscar Garcia  Mailing Address 1717 Palazzo		Date of Receipt
City Mission	State Zip Code TX 78572	08 18 2011 Transaction ID : SA11AI.15609
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3200.00	
Full Name (Last, First, Middle Initial)  Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		09 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15829  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	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 number	only)	

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

ı	FOR LINE	NUMBER	: PAGE	124 OF	435
	(check only	/ one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Dr. Oscar Garcia  Mailing Address 1717 Palazzo		Date of Receipt  10 14 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16047  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Tear-to-Date ¥	
Full Name (Last, First, Middle Initial)  3. Dr. Oscar Garcia  Mailing Address 1717 Palazzo		Date of Receipt  11 10 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16266  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo	Chata	12 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16499  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4800.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00
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:			PAGE	1	25 OF	435		
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using	the name and address of any political committee		
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu  Mailing Address 4121 N. 10th #240		Date of Receipt	
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15390	
Mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	200.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  1400.00		
Full Name (Last, First, Middle Initial)  3. Dr. Carlos Garcia-Cantu		Date of Receipt	
Mailing Address 4121 N. 10th #240  City	State Zip Code	08 18 2011 Transaction ID : SA11Al.15610	
Mcallen	<u></u>		
· ·			
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		
Full Name (Last, First, Middle Initial)  Dr. Carlos Garcia-Cantu		Date of Receipt	
Mailing Address 4121 N. 10th #240		09 09 2011	
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15830  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	200.00	
Name of Employer	Occupation	contribution	
selfemployed	physician	_	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	600.00	
TOTAL This Period (last page this line numb	per only)		

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

FOR LINE NUMBER:			: PAGE	E 126 OF	435
	(check only one)				
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  1. Dr. Carlos Garcia-Cantu		Date of Receipt
Mailing Address 4121 N. 10th #240		10 14 2011 .
City	State Zip Code	Transaction ID : SA11AI.16048
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Dr. Carlos Garcia-Cantu  Mailing Address 4121 N. 10th #240	•	Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16267
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2200.00	
Full Name (Last, First, Middle Initial)  Dr. Carlos Garcia-Cantu		Date of Receipt
Mailing Address 4121 N. 10th #240		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16500
Mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	2400.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	600.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER:			t:   Page	E 127 OF	435
(check only one)					
;	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	ne name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial)  Ms Anna Garza  Mailing Address 3212 S Boyce Circle	Ms Anna Garza		
City Donna	State Zip Code TX 78557	09 09 2011  Transaction ID : SA11AI.15831  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00	
Name of Employer selfemployed	Occupation private investor	- contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00		
Full Name (Last, First, Middle Initial)  Ms Anna Garza  Mailing Address 3212 S Boyce Circle	Ms Anna Garza		
City Donna	State Zip Code TX 78557	10 14 2011  Transaction ID : SA11AI.16049  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00	
Name of Employer selfemployed	Occupation private investor	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial)  Ms Anna Garza		Date of Receipt	
Mailing Address 3212 S Boyce Circle	Chala 7' C. I	M = M / D = D / Y = Y = Y = Y = 11 10 2011	
City Donna	State Zip Code TX 78557	Transaction ID : SA11AI.16268  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	25.00	
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  275.00	. contribution	
SUBTOTAL of Receipts This Page (optional)		75.00	
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER: PAGE 128 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

	II LIIVL	NONDELL		117101		20	0.	100
(ch	(check only one)							
>	<b>K</b> 11a	11b		11c		12		
	13	14		15		16		17

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Ms Anna Garza  Mailing Address 3212 S Boyce Circle		Date of Receipt
City	State Zin Code	12 09 2011 Towns (in ID 2014)
City Donna	State Zip Code TX 78557	Transaction ID : SA11AI.16501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. James Garza		Date of Receipt
Mailing Address 2821 Lakeshore Drive		M M / D D / Y Y Y Y
City Edinburg	State Zip Code TX 78539	7 15 2011 Transaction ID : SA11AI.15397 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Dr. James Garza		Date of Receipt
Mailing Address 2821 Lakeshore Drive		Date of Receipt  08 18 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15612  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3200.00	
	1	825.00

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

FOR LINE NUMBER:				PAGE	: 1	29 OF	 435		
(0	(check only one)								
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using th	ne name and address of any political committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Dr. James Garza  Mailing Address 2821 Lakeshore Drive		Date of Receipt	
City Edinburg	State Zip Code TX 78539	09 09 2011  Transaction ID : SA11AI.15832  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	Cocupation	400.00 contribution	
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	-	
Full Name (Last, First, Middle Initial)  Dr. James Garza  Mailing Address 2821 Lakeshore Drive	Date of Receipt  10 14 2011		
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.16050  Amount of Each Receipt this Period  400.00	
Name of Employer self-employed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	4000.00		
Dr. James Garza  Mailing Address 2821 Lakeshore Drive		Date of Receipt    M = M / D = D / Y = Y = Y = Y   11	
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16269  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00 contribution	
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00	
TOTAL This Period (last page this line number	r only)		

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

FOR LINE NUMBER:			: PAGE	E 130 OF	435	
	(check only one)					
	<b>X</b> 11a	11b	11c	12		
	13	14	15	16	17	

	the name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)  1. Dr. James Garza		Date of Receipt	
Mailing Address 2821 Lakeshore Drive		12 09 2011 .	
City	State Zip Code	Transaction ID : SA11AI.16502	
Edinburg	TX 78539	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer	Occupation	contribution	
self-employed	physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00		
Full Name (Last, First, Middle Initial)  3. Rene Garza		Date of Receipt	
Mailing Address 5404 N. 1st street	Mailing Address 5404 N. 1st street		
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15398	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	contribution	
selfemployed	private investor		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		
Full Name (Last, First, Middle Initial)  Rene Garza		Date of Receipt	
Mailing Address 5404 N. 1st street		08 18 2011	
City	State Zip Code TX 78504	Transaction ID : SA11AI.15613	
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00	
	Occupation	contribution	
Name of Employer	Occupation private investor		
selfemployed private investor  Receipt For:  Aggregate Vear to Date		-	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00		
SUBTOTAL of Receipts This Page (optional)	)	900.00	
TOTAL This Period (last page this line numb	<u></u>		

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

FOR LINE NUMBER:				PAGE	1	31 OF	•	435
(check only one)								
	<b>X</b> 11a	11b		11c		12		
	13	14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Rene Garza  Mailing Address 5404 N. 1st street		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15833
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Rene Garza  Mailing Address 5404 N. 1st street		Date of Receipt
Mailing Address 5404 N. 1st street	I	10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16051
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial)  C. Rene Garza		Date of Receipt
Mailing Address 5404 N. 1st street		11 10 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16270  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2750.00	
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 NUMBER:			: PAGE	132 OF	435	
	(check only one)					
	<b>X</b> 11a	11b	11c	12		
	13	14	15	16	17	

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Rene Garza  Mailing Address 5404 N. 1st street		Date of Receipt
	State Zin Code	12 09 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16503  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo  Mailing Address 2311 Silvardo North		Date of Receipt
City Palmhurst	State Zip Code TX 78539	07 15 2011  Transaction ID : SA11AI.15395  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		08 18 2011
City Palmhurst	State Zip Code TX 78539	Transaction ID : SA11AI.15614  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation self-employee physician	contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  1000.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	1	33 OF	435	
(check only one)									
	X	11a		11b		11c		12	
ı		13		14		15		16	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		09 09 / 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.15834
Palmhurst	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1125.00	
Full Name (Last, First, Middle Initial)  3. Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16052
Palmhurst	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo		Date of Receipt
Mailing Address 2311 Silvardo North		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16271
Palmhurst	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	self-employee physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1375.00	
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line number		

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

FOR LINE NUMBER:					PAGE	: 1	34 OF	•	435	
(check only one)										
X 11a 11b				11c		12				
		13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Dr. Ayda Garza-Montalvo  Mailing Address 2311 Silvardo North		Date of Receipt
City Palmhurst	State Zip Code TX 78539	12 09 2011  Transaction ID : SA11AI.16504  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	125.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	self-employee physician  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 3900 Sundown Drive		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 TX 78503	Transaction ID : SA11AI.15399  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	- contribution
Full Name (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 3900 Sundown Drive		Date of Receipt  08 18 2011
City mcallen  FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.15615  Amount of Each Receipt this Period  400.00
federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  3200.00	contribution
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<b>•</b>	925.00
show have page this internation		

		R LINE			:	PAGE	1	35 OF	435
Use separate schedule(s) for each category of the	l `	ck only	or	ne)		,		,	
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12	_
, ,		13		14		15		16	17

or for commercial purposes, other than using	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	L PAC						
Full Name (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 3900 Sundown Drive							
	Okt.	09 09 / 2011					
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.15835					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00					
Name of Employer	Occupation	contribution					
selfemployed Receipt For:	physician	-					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00						
Full Name (Last, First, Middle Initial)  3. Lawrence Gelman		Date of Receipt					
Mailing Address 3900 Sundown Drive		10 14 2011 _					
City	State Zip Code	Transaction ID : SA11AI.16053					
mcallen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed Receipt For:	physician	-					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00						
Full Name (Last, First, Middle Initial)  Lawrence Gelman	·	Date of Receipt					
Mailing Address 3900 Sundown Drive		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City	State Zip Code	Transaction ID : SA11Al.16272					
mcallen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician	_					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	4400.00						
SUBTOTAL of Receipts This Page (ontional	I)	1200.00					
	<u>_</u>						
TOTAL This Period (last page this line num	ber only)						

	FOR LIN	E NUMBE	R:	PAGE	: 1	36
Use separate schedule(s) for each category of the	(check or	nly one)				
Detailed Summary Page	X 11a	11b		11c		12
	12	14		15		16

OF

435

or for commercial purposes, other than using	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 (Last, First, Middle Initial)  Lawrence Gelman  Mailing Address 2000 Sundown Drive	Lawrence Gelman					
Mailing Address 3900 Sundown Drive		12 09 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.16505				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	4800.00					
Full Name (Last, First, Middle Initial)  3. Robert Genovese		Date of Receipt				
Mailing Address 2208 Summer Breeze		M M / D D / Y Y Y Y Y Y				
City	State Zip Code	07 15 2011				
mission	TX 78572	Transaction ID : SA11AI.15400  Amount of Each Receipt this Period				
		Amount of Lauri neceipt tills Period				
FEC ID number of contributing federal political committee.	C	229.99				
Name of Employer	Occupation	contribution				
selfemployed	physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1508.54					
Full Name (Last, First, Middle Initial)  C. Robert Genovese	1	Date of Receipt				
Mailing Address 2208 Summer Breeze		08 18 2011				
City	State Zip Code	Transaction ID : SA11AI.15616				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	173.75				
Name of Employer	Name of Employer Occupation					
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	1682.29					
SUBTOTAL of Receipts This Page (optiona	l)	803.74				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
TOTAL This Period (last page this line num	nber only)					

		R LINE			:	PAGE	1	37 OF	435
Use separate schedule(s) for each category of the	(che	ck only	or	ne)				,	
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12	_
, ,		13		14		15		16	17

		e name and address of any political committee to					
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Α.	Full Name (Last, First, Middle Initial) Robert Genovese	Date of Receipt					
	Mailing Address 2208 Summer Breeze		09 09 2011				
	City	State Zip Code	Transaction ID : SA11AI.15836				
	mission	TX 78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	115.41				
	Name of Employer	Occupation	contribution				
	selfemployed	physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	Aggregate real to bate v					
	Other (specify) ▼	1797.70					
В.	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt				
	Mailing Address 2208 Summer Breeze	10 14 2011					
	City	State Zip Code	Transaction ID : SA11AI.16054				
	mission	TX 78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	115.41				
	Name of Employer	Occupation	contribution				
	selfemployed	physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	1913.11					
— С	Full Name (Last, First, Middle Initial) Robert Genovese		Date of Receipt				
	Mailing Address 2208 Summer Breeze		11 10 2011				
	City	State Zip Code	Transaction ID : SA11AI.16273				
	mission	TX 78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	80.79				
	Name of Employer	Occupation	contribution				
	selfemployed	physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	Aggregate rear-to-Date ▼					
	Other (specify) ▼	1993.90					
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number	<u>`</u>	311.61				

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

FOR LINE NUMBER:						PAGE	: 1	38 OF	•	435
(0	che	ck only								
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using th	ne 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)  Robert Genovese  Mailing Address 2208 Summer Breeze		Date of Receipt
City mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16506  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	86.56 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2080.46	Contribution
Full Name (Last, First, Middle Initial)  3. Dr. Richard Gillett  Mailing Address 54 South 10th		Date of Receipt  07 15 2011
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15401  Amount of Each Receipt this Period  100.00
Name of Employer self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	contribution
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett  Mailing Address 54 South 10th  City	State Zip Code	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15617
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer self-employee Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	286.56
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	1	39 OF	•	435
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett  Mailing Address 54 South 10th	Dr. Richard Gillett					
City McAllen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15837  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employee	Occupation physician	- contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name (Last, First, Middle Initial)  3. Dr. Richard Gillett  Mailing Address 54 South 10th		Date of Receipt				
City McAllen	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.16055  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett		Date of Receipt				
Mailing Address 54 South 10th		11 10 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16274  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1100.00	contribution				
SUBTOTAL of Receipts This Page (optional).		300.00				
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:						PAGE	1	40 OF		435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name (Last, First, Middle Initial)  Dr. Richard Gillett  Mailing Address 54 South 10th	Dr. Richard Gillett						
City McAllen							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00					
Name of Employer self-employee	Occupation physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00						
Full Name (Last, First, Middle Initial)  Alvaro Giraldo  Mailing Address 106 W. Flamingo		Date of Receipt					
City mcallen	State Zip Code TX 78504	7 15 2011 Transaction ID : SA11AI.15402 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer selfemployed	Occupation physician	- contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00						
Full Name (Last, First, Middle Initial)  Alvaro Giraldo		Date of Receipt					
Mailing Address 106 W. Flamingo	7.0	08 18 2011					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15618  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  800.00	contribution					
SUBTOTAL of Receipts This Page (optional).		300.00					
TOTAL This Period (last page this line number	er only)						

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

-(	JR LINE	MOMBER	: PAGE	141 OF	433					
(c	(check only one)									
[	<b>X</b> 11a	11b	11c	12						
	13	14	15	16	17					

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial)  A. Alvaro Giraldo  Mailing Address 106 W. Flamingo	Alvaro Giraldo						
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15838  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution					
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00						
Full Name (Last, First, Middle Initial)  Alvaro Giraldo  Mailing Address 106 W. Flamingo		Date of Receipt  10 14 2011					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16056  Amount of Each Receipt this Period  100.00					
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution					
Primary General Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial)  Alvaro Giraldo  Mailing Address 106 W. Flamingo		Date of Receipt					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16275  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1100.00	contribution					
SUBTOTAL of Receipts This Page (optional)		300.00					
TOTAL This Period (last page this line numbe	<u>`</u>						

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name (Last, First, Middle Initial)  A. Alvaro Giraldo  Mailing Address 106 W. Flamingo	Alvaro Giraldo						
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.16508  Amount of Each Receipt this Period					
federal political committee.  Name of Employer selfemployed	Occupation physician	100.00 contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  1200.00						
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore		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 Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15839  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00 contribution					
Name of Employer selfemployed  Receipt For: Primary General	Occupation private investor  Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)  ∴ Mr. Marco Gomez	225.00	Date of Descipt					
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 Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16057  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer selfemployed Receipt For:	Occupation private investor	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
SUBTOTAL of Receipts This Page (optional	)	150.00					
TOTAL This Period (last page this line num	ber only)						

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

FOR LINE NUMBER:						PAGE	1	43 OF	435
(c	he	ck only	or	ne)					
[	X	11a		11b		11c		12	
		13		14		15		16	17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore	Date of Receipt  11 10 2011	
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  275.00	Transaction ID : SA11AI.16276  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Marco Gomez  Mailing Address 2705 Biltmore  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16509  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Michael Gonzales  Mailing Address 204 Valenca  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation private investor  Aggregate Year-to-Date ▼  225.00	Date of Receipt    Mark
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	1	44 OF		435	
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial)  Mr. Michael Gonzales  Mailing Address 204 Valenca	Mr. Michael Gonzales						
City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78596  C  Occupation private investor  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI.16058  Amount of Each Receipt this Period  25.00  contribution					
Full Name (Last, First, Middle Initial)  Mr. Michael Gonzales  Mailing Address 204 Valenca  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:	State Zip Code TX 78596  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16277  Amount of Each Receipt this Period  25.00  contribution					
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Michael Gonzales  Mailing Address 204 Valenca  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  275.00  State Zip Code TX 78596  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16510  Amount of Each Receipt this Period  25.00  contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	75.00					
TOTAL This Period (last page this line number	r only)						

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

FOF	LINE	NU	IMBER	:	PAGE	: 1	45 OF	•	435
(che	ck only	or	ne)						
×	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Ada Gonzalez  Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	07 15 2011  Transaction ID : SA11AI.15406  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	75.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify)	private investor  Aggregate Year-to-Date ▼  525.00	
Full Name (Last, First, Middle Initial)  Ada Gonzalez  Mailing Address P.O. Box 9817	State 7:0 Code	Date of Receipt  08 18 2011
City alamo  FEC ID number of contributing federal political committee.	State Zip Code TX 78516	Transaction ID : SA11AI.15621  Amount of Each Receipt this Period  75.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  600.00	- contribution
Full Name (Last, First, Middle Initial) Ada Gonzalez  Mailing Address P.O. Box 9817  City	State Zip Code	Date of Receipt  09 09 2011
alamo  FEC ID number of contributing federal political committee.	TX 78516	Transaction ID : SA11AI.15841  Amount of Each Receipt this Period  75.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  675.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	225.00
TOTAL This Period (last page this line number	er only)	

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

FOF	LINE	NU	IMBER	:	PAGE	1	46 OF	•	435
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ada Gonzalez  Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	10 14 2011  Transaction ID : SA11AI.16059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  Ada Gonzalez  Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	11 10 2011  Transaction ID : SA11AI.16278  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  825.00	
Full Name (Last, First, Middle Initial)  Ada Gonzalez		Date of Receipt
Mailing Address P.O. Box 9817		12 09 / Y = Y = Y = Y = Y
City alamo	State Zip Code TX 78516	Transaction ID : SA11AI.16511  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  900.00	- contribution
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	er only)	

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

TOTAL TAGINDET			PAGE	1	47 OF	435		
(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.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	* *	
Full Name (Last, First, Middle Initial)  Ms Aida Gonzalez  Mailing Address 311 E. Davis		Date of Receipt  11 10 2011
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  220.00	Amount of Each Receipt this Period  20.00  contribution
Full Name (Last, First, Middle Initial)  Ms Aida Gonzalez  Mailing Address 311 E. Davis  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  240.00	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16512  Amount of Each Receipt this Period  20.00  contribution
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15407  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	290.00
TOTAL This Period (last page this line number	· only)	

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

FOR LINE	: PAGE	E 148 OF	435	
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt
City edinburg	State Zip Code TX 78539	08 18 2011  Transaction ID : SA11AI.15623  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt  09 09 2011
City edinburg	State Zip Code TX 78539	09 09 2011  Transaction ID : SA11AI.15843  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez		Date of Receipt
Mailing Address 3511 Plazas del Lago	Chate To C :	10 14 2011
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16061  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2500.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	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 NUMBER:				PAGE	1	49 OF	435		
	(ch	eck only	or	ne)					
	>	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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Jaime Gonzalez  Mailing Address 3511 Plazas del Lago		Date of Receipt
City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General Other (specify) ▼	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  2750.00	Transaction ID : SA11AI.16280  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  3. Jaime Gonzalez  Mailing Address 3511 Plazas del Lago  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16513
edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78539  C Occupation private investor	Amount of Each Receipt this Period  250.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood  City  weslaco	State Zip Code TX 78596	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15404
FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

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

			PAGE	1	50 OF	•	435	
(cl	heck only	one)						
	<b>X</b> 11a	11b		11c		12		
	13	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  1. Juan Gonzalez-Dickson		Date of Receipt
Mailing Address 1501 Meadwood		08 18 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15624
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  3. Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood		Date of Receipt
		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15844
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson		Date of Receipt
Mailing Address 1501 Meadwood		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.16062
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line num	ber only)	

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

		LINE	_		PAGE	1	51 (	DF	4	435	
(c	ck only										
[	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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood		Date of Receipt  11 10 2011
City weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Transaction ID : SA11AI.16281  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Juan Gonzalez-Dickson  Mailing Address 1501 Meadwood  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16514  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15409  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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

FOF	PAGE	1	52 OF	•	435						
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

	the name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City	State Zip Code TX 78574	08 18 2011 Transaction ID : SA11AI.15625
mission  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.15845  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Verley Gordon		Date of Receipt
Mailing Address 1700 E. Mile 3 Road	7. 6	10 14 2011
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.16063  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LI	NE NU	PAGE	: 1	53 OF		435				
(check only one)										
X 118	a 🗌	11b		11c		12				
13		14		15		16		17		

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16282
FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 238.68
Name of Employer	Occupation physician	- contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2738.68	-
Full Name (Last, First, Middle Initial)  Verley Gordon  Mailing Address 1700 E. Mile 3 Road		Date of Receipt  12 09 2011
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.16516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	238.68
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2977.36	
Full Name (Last, First, Middle Initial)  Enrique Griego	·	Date of Receipt
Mailing Address 905 Inspiratin Drive		07 15 / Y Y Y Y Y Y
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.15410  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2800.00	- contribution
SUBTOTAL of Receipts This Page (optional).		877.36
TOTAL This Period (last page this line number	er only)	

435

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

NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Enrique Griego  Mailing Address 905 Inspiratin Drive		Date of Receipt
City	State Zip Code TX 78577	08 18 2011  Transaction ID : SA11AI.15626  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	400.00 contribution
Full Name (Last, First, Middle Initial)  Enrique Griego  Mailing Address 905 Inspiratin Drive  City pharr	State Zip Code TX 78577	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15846  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  3600.00	400.00 contribution
Full Name (Last, First, Middle Initial)  Enrique Griego  Mailing Address 905 Inspiratin Drive  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼  4000.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16064  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00

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

FOF	PAGE	1	55 OF		435						
(che	(check only one)										
X	11a		11b		11c		12				
	13		14		15		16		17		

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	
Full Name (Last, First, Middle Initial) Enrique Griego  Mailing Address 905 Inspiratin Drive	Date of Receipt
	11 10 2011
City State Zip Code pharr TX 78577	Transaction ID : SA11AI.16283
F. T	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00
Name of Employer Occupation	contribution
selfemployed physician	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General	1
Other (specify) ▼ 4400.00	<u></u>
Full Name (Last, First, Middle Initial)  Enrique Griego	Date of Receipt
Mailing Address 905 Inspiratin Drive	12 09 2011
City State Zip Code	Transaction ID : SA11AI.16517
pharr TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00
Name of Employer Occupation	contribution
selfemployed physician	
Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date ▼  4800.00	1
	1
Full Name (Last, First, Middle Initial)  Dr. Maria Ruby Guajardo	Date of Receipt
Mailing Address 2603 Santa Laura	07 15 2011
City State Zip Code	Transaction ID : SA11AI.15411
Mission TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00
Name of Employer Occupation	contribution
self-employee physician	_
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  350.00	]
SUBTOTAL of Receipts This Page (optional)	850.00
CODITION OF THE FIRST AGE (OPHOLIAI)	
TOTAL This Period (last page this line number only)	

FOR LINE NUMBER: PAGE 156 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

I OF	LIINL	ITAGE		50	Oi		100			
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16			17

	ng the name and address of any political committee	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo  Mailing Address 2603 Santa Laura		Date of Receipt
	7. 0.4	08 18 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15627
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Dr. Maria Ruby Guajardo	•	Date of Receipt
Mailing Address 2603 Santa Laura		09 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15847  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  Dr. Maria Ruby Guajardo	<u> </u>	Date of Receipt
Mailing Address 2603 Santa Laura		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.16065  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
□ Other (specify) ▼	555.50	
SUBTOTAL of Receipts This Page (option	nal)	150.00
	<u> </u>	
FOTAL This Period (last page this line nu	mber only)	

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

F	OR	LINE	NU	MBER	PAGE 157 OF				435	
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	ne 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)  Dr. Maria Ruby Guajardo  Mailing Address 2603 Santa Laura		Date of Receipt  11 10 2011
City Mission  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  550.00	Transaction ID : SA11AI.16284  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Maria Ruby Guajardo  Mailing Address 2603 Santa Laura  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78572  C	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16518  Amount of Each Receipt this Period  50.00  contribution
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15413  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	500.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 158 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

١,	I OIT LINE NOWDETT.					IAGL	- '	JU	Oi	70	U
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16		17	7

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt
City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78501  C  Occupation physician	08 18 2011  Transaction ID : SA11AI.15628  Amount of Each Receipt this Period  400.00  contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  3200.00	
Full Name (Last, First, Middle Initial)  3. Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt  09 09 2011
City Mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.15848  Amount of Each Receipt this Period  400.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	- contribution
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt  10 14 2011
City Mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16066  Amount of Each Receipt this Period  400.00
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	contribution
SUBTOTAL of Receipts This Page (optional	)	1200.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:					PAGE	: 1	59 OF	•	435
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.16427
FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period  250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4250.00	
Full Name (Last, First, Middle Initial)  Daniel Guerra  Mailing Address 101 S. Broadway		Date of Receipt  12 09 2011
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	
Full Name (Last, First, Middle Initial)  John Guerra		Date of Receipt
Mailing Address 3105 Forest Court		07 15 / Y = Y = Y = Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15414  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	- contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 160 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13 14 15

435

12

16

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	he name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court		Date of Receipt  08 18 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.15629
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  John Guerra		Date of Receipt
Mailing Address 3105 Forest Court		M = M / D = D / Y = Y = Y
City	State Zip Code	09 09 2011
mission	TX 78572	Transaction ID : SA11AI.15849
	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt
Mailing Address 3105 Forest Court		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16067
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		300.00
SUDICIAL OF HECEIPTS THIS Page (Optional)	<b>&gt;</b>	7 7 7 7

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

F	OR	LINE	NU	MREK	PAGE	: 1	61	OF	4	435	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  John Guerra  Mailing Address 3105 Forest Court		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.16286  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1100.00	
Full Name (Last, First, Middle Initial)  3. John Guerra  Mailing Address 3105 Forest Court		Date of Receipt  12 09 2011
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.16520  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed	Occupation	100.00 contribution
Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  1200.00	
Full Name (Last, First, Middle Initial)  Marcy Guerra  Mailing Address 13337 Borolo Drive		Date of Receipt
City edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78541	07 15 2011  Transaction ID : SA11AI.15415  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼	contribution
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	450.00
TOTAL This Period (last page this line number	er only)	

	FOR LIN	E NUMBER	l:   PAGI	PAGE 162 OF		
Use separate schedule(s)	(check or	nly one)				
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12		
_ come common y coge	13	14	15	16	Г	

435

or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Marcy Guerra  Mailing Address 13337 Borolo Drive		Date of Receipt
		08 18 2011
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.15630
FEC ID number of contributing federal political committee.	C 76541	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Marcy Guerra  Mailing Address 12327 Parels Drive	•	Date of Receipt
Mailing Address 13337 Borolo Drive  City edinburg	State Zip Code TX 78541	09 09 2011  Transaction ID : SA11AI.15850  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  C. Marcy Guerra	•	Date of Receipt
Mailing Address 13337 Borolo Drive		10 14 2011
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.16068  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
	er only)	

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

					PAGE	1	63 OF	•	435
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Marcy Guerra  Mailing Address 13337 Borolo Drive		Date of Receipt
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.16287  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	- contribution
Full Name (Last, First, Middle Initial)  Marcy Guerra  Mailing Address 13337 Borolo Drive		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 edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.16521  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	- contribution
Full Name (Last, First, Middle Initial)  Rodolfo Guerrero  Mailing Address 1402 E. 8th Street		Date of Receipt  07 15 2011
City weslaco  FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.15416  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1637.85	contribution
SUBTOTAL of Receipts This Page (optional).	<b></b>	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:				PAGE	1	64 OF	•	435
(check only one)								
	<b>X</b> 11a	11b		11c		12		
	13	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Rodolfo Guerrero		Date of Receipt
Mailing Address 1402 E. 8th Street		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15631
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1887.85	
Full Name (Last, First, Middle Initial)  Rodolfo Guerrero  Mailing Address 1402 E. 8th Street		Date of Receipt  09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15851
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2137.85	
Full Name (Last, First, Middle Initial)  C. Rodolfo Guerrero		Date of Receipt
Mailing Address 1402 E. 8th Street		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16069
weslaco  FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2337.71	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	699.86
TOTAL This Period (last page this line numb	per only)	

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

ı					PAGE	1	65 OF		435	
(check only one)										
	×	11a		11b		11c		12		
ı		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Rodolfo Guerrero		Date of Receipt
Mailing Address 1402 E. 8th Street		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16288
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	178.60
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2516.31	
Full Name (Last, First, Middle Initial)  Rodolfo Guerrero  Mailing Address 1402 E. 8th Street		Date of Receipt
City	State Zip Code	12 09 2011
weslaco	TX 78596	Transaction ID : SA11AI.16522  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	191.36
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2707.67	
Full Name (Last, First, Middle Initial)  Ms Aida Guizar		Date of Receipt
Mailing Address 1706 E. 4 Mile Line		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15852
Mission  FEC ID number of contributing federal political committee.	TX 78573	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	394.96
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER:				PAGE	: 1	66 O	F ·	435		
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ms Aida Guizar  Mailing Address 1706 E. 4 Mile Line		Date of Receipt
City Mission	State Zip Code TX 78573	10 14 2011  Transaction ID : SA11AI.16070  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
selfemployed  Receipt For: Primary General	private investor  Aggregate Year-to-Date ▼	_
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Ms Aida Guizar	250.00	Date of Receipt
Mailing Address 1706 E. 4 Mile Line  City	State Zip Code	11 10 / Y Y Y Y Y Y
Mission	State Zip Code TX 78573	Transaction ID : SA11AI.16289  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Ms Aida Guizar		Date of Receipt
Mailing Address 1706 E. 4 Mile Line	Chata	12 09 2011
City Mission	State Zip Code TX 78573	Transaction ID : SA11AI.16523  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  300.00	contribution
SUBTOTAL of Receipts This Page (optional)		75.00
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:				PAGE	: 1	67 OF		435
(check only one)								
X 11a		11b		11c		12		
13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Alberto Gutierrez  Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	07 15 2011  Transaction ID : SA11AI.15418  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer  selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin		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  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.15633  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	09 09 2011  Transaction ID : SA11AI.15853  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	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	: PAGE	: 168 OF	435
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using t	he 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) Alberto Gutierrez  Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	10 14 2011  Transaction ID : SA11AI.16071  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	CONTRIBUTION
Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin	Olate T. C. :	Date of Receipt  M M M / D D / Y D D / Y D D D / Y D D D D D D
City edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.16290  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Alberto Gutierrez  Mailing Address 6020 Wisconsin	2750.00	Date of Receipt
City edinburg FEC ID number of contributing	State Zip Code TX 78539	12 09 2011  Transaction ID : SA11AI.16524  Amount of Each Receipt this Period  250.00
Federal political committee.  Name of Employer  selfemployed  Receipt For:  Primary  General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	7 7

	FOR L	INE N	JMRFK:	PAGE	: 1	69 U
	(check	only o	ne)			
for each category of the Detailed Summary Page	X 1	1a	11b	11c		12
, ,	19	3	14	15	. !	16

435

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	07 15 2011  Transaction ID : SA11AI.15419  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	08 18 2011  Transaction ID : SA11AI.15634  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial)  Marco Gutierrez		Date of Receipt
Mailing Address 511 N. Depot Road		09 09 / Y=Y=Y=Y
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.15854  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	- contribution
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER: PAGE 170 O							
Use separate schedule(s) for each category of the	(check only one)							
Detailed Summary Page	X 11a 11b 11c 12							
	10 14 15 10	Г						

435

12 16

or for commercial purposes, other than using the	he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Marco Gutierrez  Mailing Address 511 N. Depot Road		Date of Receipt  10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16072
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial)  Marco Gutierrez		Date of Receipt
Mailing Address 511 N. Depot Road		M = M / D = D / Y = Y = Y
0.1	0	11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16291
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4400.00	
Full Name (Last, First, Middle Initial)  C. Marco Gutierrez	•	Date of Receipt
Mailing Address 511 N. Depot Road		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16525
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	4800.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
(optional)		
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:				PAGE	1	71 OF	•	435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg		07 15 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.15420
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  Miguel Gutierrez		Date of Receipt
Mailing Address 224 Lindberg		08 18 _2011 _
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15635
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		7. Hourt of Each Hoodipt this Follow
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  C. Miguel Gutierrez	1	Date of Receipt
Mailing Address 224 Lindberg		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15855
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
	nber only)	
I TIME THIS I CHOO (IASE PAYE THIS HITE HUI	1001 OHIY)	

435 FOR LINE NUMBER: PAGE 172 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 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 (Last, First, Middle Initial) Miguel Gutierrez Date of Receipt Mailing Address 224 Lindberg 10 2011 City State Zip Code Transaction ID: SA11AI.16073 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Miguel Gutierrez Date of Receipt Mailing Address 224 Lindberg 2011 11 10 City State Zip Code Transaction ID: SA11AI.16292 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Miguel Gutierrez Date of Receipt Mailing Address 224 Lindberg 09 12 2011 City State Zip Code Transaction ID: SA11AI.16526 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify)

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

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

- 9

9

750.00

FOR LINE NUMBER: PAGE 173 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13 14 15

435

12

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) A. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City McAllen TX 78504  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Gright State City State City Aggregate Year-to-Date City State State City State City State State City State State City State	
A. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City  McAllen  TX  78504  TX  78504  TX  78504  TX  78504  TX  78504  TX  TASSO4  TASSO4  TX  TASSO4  TX  TASSO4  TX  TASSO4  T	
Mailing Address P.O. Box 720235  City McAllen TX 78504  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Receipt For: Primary Other (specify) ▼  State TX 78504  Aggregate Year-to-Date ▼  Other (specify) ▼  State TX 78504  Date of Receipt Transaction ID : SA11AL15422  Amount of Each Receipt this Perion contribution  contribution  Date of Receipt  Transaction ID : SA11AL15422  Amount of Each Receipt this Perion  contribution  Date of Receipt  Transaction ID : SA11AL15636  Amount of Each Receipt this Perion  City State Transaction ID : SA11AL15636  Amount of Each Receipt this Perion  Coupation physician assistant  Receipt For: Primary Other (specify) ▼  Cocupation physician assistant  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Cocupation Primary Other (specify) ▼  Cocupation Date of Receipt  Contribution  Date of Receipt  Transaction ID : SA11AL15836  Transaction ID : SA11AL15836  Amount of Each Receipt this Perion  Date of Receipt  Transaction ID : SA11AL15836  Amount of Each Receipt this Perion  Contribution	
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Primary General Other (specify) ▼  State Zip Code TX 78504  Amount of Each Receipt this Period Contribution Contribution  Physician assistant  Receipt For: Primary General Other (specify) ▼  State Zip Code TX 78504  Amount of Each Receipt this Period Contribution  Date of Receipt  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Contribution  Date of Receipt  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Date of Receipt  Transaction ID : SA11AI.15422  Amount of Each Receipt this Period Contribution  Date of Receipt  Transaction ID : SA11AI.15422  Transaction ID : SA11AI.15424  Transaction ID : SA11AI.15421  Transaction ID :	Y
McAllen  TX 78504  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Physician assistant  Receipt For:  Primary Other (specify) ▼  Name of Employer General Other (specify) ▼  PEC ID number of contributing federal political committee.  Name of Employer Selfemployed Physician assistant  Aggregate Year-to-Date ▼  Date of Receipt  Tx 78504  Date of Receipt  Transaction ID : SA11AI.15636  Amount of Each Receipt this Perinciple Contribution  Date of Receipt  Transaction ID : SA11AI.15636  Amount of Each Receipt this Perinciple Contribution  Perinciple Contribution  Transaction ID : SA11AI.15636  Amount of Each Receipt this Perinciple Contribution  Primary General Occupation Physician assistant  Aggregate Year-to-Date ▼  Primary General Occupation Physician assistant  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Occupation Physician assistant  Aggregate Year-to-Date ▼  Primary General Occupation Physician assistant  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City Transaction ID : SA11AI.15856  Amount of Each Receipt this Perinciple Contributing Federal political committee.	
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  B. Anna Lisa Guzman Mailing Address P.O. Box 720235  City State Zip Code TX 78504  Receipt FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Primary General Other (spec	d
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼  State Zip Code TX 78504  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Receipt For:  Primary General Other (specify) ▼  State Zip Code TX 78504  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  Cocupation physician assistant  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  contribution  Date of Receipt  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  contribution  Date of Receipt  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  contribution  Date of Receipt  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856	60.00
Receipt For:    Primary	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City  McAllen  TX  78504  Transaction ID: SA11AL:15636  Amount of Each Receipt this Pering Interest of Each Receipt (Section ID: SA11AL:15636)  Receipt FC:  Primary General  Occupation  physician assistant  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City  McAllen  TX  T8504  Date of Receipt  Transaction ID: SA11AL:15636  Amount of Each Receipt this Pering ID: SA11AL:15636  Transaction ID: SA11AL:15636  Amount of Each Receipt  Transaction ID: SA11AL:15636  Amount of Each Receipt  Transaction ID: SA11AL:15636  Amount of Each Receipt this Pering ID: SA11AL:15636  Amount of Each Receipt this Pering ID: SA11AL:15636  Amount of Each Receipt this Pering ID: SA11AL:15636	
Primary  General Other (specify) ▼	
B. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City State Zip Code TX 78504  Transaction ID: SA11Al.15636  Amount of Each Receipt this Peri  Cocupation physician assistant  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City State Zip Code TX 78504  Date of Receipt  Transaction ID: SA11Al.15856  Amount of Each Receipt this Peri  contribution  Date of Receipt  Transaction ID: SA11Al.15856  Amount of Each Receipt this Peri  City State Zip Code TX 78504  Transaction ID: SA11Al.15856  Amount of Each Receipt this Peri  Contribution	
City  McAllen  TX  T8504  Transaction ID: SA11AI.15636  Amount of Each Receipt this Period Contribution  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City  McAllen  TX  T8504  Date of Receipt  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period  Transaction ID: SA11AI.15856	
McAllen  TX 78504  Amount of Each Receipt this Perifect ID number of contributing federal political committee.  Name of Employer selfemployed physician assistant  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City State Zip Code TX 78504  FEC ID number of contributing federal political committee.  C. Amount of Each Receipt this Perifect ID number of contributing federal political committee.	Y
FEC ID number of contributing federal political committee.  Name of Employer selfemployed physician assistant  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City State Zip Code TX 78504  FEC ID number of contributing federal political committee.  Contribution  Contribution  Date of Receipt  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period Contribution Contribution	
Federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) C. Anna Lisa Guzman Mailing Address P.O. Box 720235  City McAllen  FEC ID number of contributing federal political committee.  Contribution	d
Selfemployed physician assistant  Receipt For:     Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman     Mailing Address P.O. Box 720235  City State Zip Code Transaction ID: SA11AI.15856     McAllen TX 78504  FEC ID number of contributing federal political committee.  Coccupation physician assistant  Aggregate Year-to-Date ▼  400.00  Date of Receipt  Transaction ID: SA11AI.15856  Amount of Each Receipt this Period Contribution for the principle of the princ	0.00
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City McAllen  State TX T8504  Date of Receipt  Transaction ID: SA11AI.15856  Amount of Each Receipt this Perifected Receipt this Pe	
Primary	
C. Anna Lisa Guzman  Mailing Address P.O. Box 720235  City State Zip Code Transaction ID : SA11AI.15856  McAllen TX 78504  FEC ID number of contributing federal political committee.  Contribution	
Mailing Address P.O. Box 720235  City State Zip Code Transaction ID : SA11AI.15856  McAllen TX 78504  FEC ID number of contributing federal political committee.  Contribution	
City State Zip Code Transaction ID : SA11AI.15856  McAllen TX 78504  Amount of Each Receipt this Periference federal political committee.	Y
FEC ID number of contributing federal political committee.	
Name of Employer Occupation contribution	50.00
selfemployed physician assistant	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	0.00

FOR LINE NUMBER: PAGE 174 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c Detailed Summary Page 13 14 15

435

12

16

NAME OF COMMITTEE (In Full)		to solicit contributions from such committee.			
BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  A. Anna Lisa Guzman		Date of Receipt			
Mailing Address P.O. Box 720235		10 14 2011			
City	State Zip Code	Transaction ID : SA11AI.16074			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	physician assistant				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General					
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)  3. Anna Lisa Guzman		Date of Receipt			
Mailing Address P.O. Box 720235		11 10 2011 _			
City	State Zip Code	Transaction ID : SA11AI.16293			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	physician assistant				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	Aggregate real-to-bate \$\infty\$				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address P.O. Box 720235		12 09 2011			
City	State Zip Code	Transaction ID : SA11AI.16527			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer	Occupation	contribution			
selfemployed	physician assistant				
Descript Fem	Aggregate Year-to-Date ▼				
Receipt For:					
Receipt For:  Primary General  Other (specify) ▼	600.00				
Primary General		150.00			

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

F	FOR LINE NUMBER:				PAGE	: 1	75 OF	- 4	435	
(check only one)										
	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 FEDERAL	L PAC	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Guzman  Mailing Address 2208 Highway 82 quito f		Date of Receipt
Mailing Address 2308 Highway 83 suite f		07 15 7 2011
City	State Zip Code	Transaction ID : SA11AI.15421
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	350.00	<u></u>
Full Name (Last, First, Middle Initial)  3. Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		08 18 _ 2011 _
City	State Zip Code	08
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Guzman	-	Date of Receipt
Mailing Address 2308 Highway 83 suite f		M = M / D = D / Y = Y = Y
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15857
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	450.00	<u></u>
SUBTOTAL of Receipts This Page (optional)	)	150.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

	FOR L	: 1	76 OF					
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X 1	1a	11b		11c		12	
zotanou cummun, rugo	1:	3	14		15		16	Τ

435

or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		10 14 2011 .
City	State Zip Code	Transaction ID : SA11AI.16075
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16294
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
	Occupation	contribution
Name of Employer self-employee	Occupation	
Receipt For:	physician	-
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	550.00	
Full Name (Last, First, Middle Initial)  Dr. Edwardo Guzman		Date of Receipt
Mailing Address 2308 Highway 83 suite f		M = M / D = D / Y = Y = Y
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16528
Penitas	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	·	150.00
The complete this Page (optional)	<b>&gt;</b>	7
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 177 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Victor Haddad  Mailing Address 4008 Burns Drive South		Date of Receipt
		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15423
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial)  Victor Haddad		Date of Receipt
Mailing Address 4008 Burns Drive South		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15638
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial) Victor Haddad		Date of Receipt
Mailing Address 4008 Burns Drive South		09 09 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.15858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3600.00	
		1200.00

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

FOR LINE NUMBER:				PAGE	: 1	78 OF	•	435		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Victor Haddad  Mailing Address 4008 Burns Drive South		Date of Receipt  10 14 2011  Transaction ID: SA11Al.16076  Amount of Each Receipt this Period		
City mcallen	State Zip Code TX 78503			
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	- contribution		
Full Name (Last, First, Middle Initial)  Victor Haddad  Mailing Address 4008 Burns Drive South		Date of Receipt  11 10 2011		
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.16295  Amount of Each Receipt this Period  400.00		
Name of Employer selfemployed  Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼  4400.00	contribution		
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Victor Haddad  Mailing Address 4008 Burns Drive South	7700.00	Date of Receipt  12 09 2011		
City mcallen  FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.16529  Amount of Each Receipt this Period		
federal political committee.  Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 4800.00	contribution		
SUBTOTAL of Receipts This Page (optional)	·····	1200.00		
TOTAL This Period (last page this line number	only)			

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

-(	JR LIM	E NU	MBER	PAGE	: 1	79 OF	•	433
(check only one)								
[	<b>X</b> 11a		11b	11c		12		
	13		14	15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name (Last, First, Middle Initial)  Thomas Hausle  Mailing Address 701 South J		Date of Receipt	
City McAllen	State Zip Code TX 78501	07 15 2011  Transaction ID : SA11AI.15424  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	75.00 contribution	
selfemployed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  525.00		
Full Name (Last, First, Middle Initial)  Thomas Hausle  Mailing Address 701 South J		Date of Receipt  08 18 2011	
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.15639  Amount of Each Receipt this Period  75.00	
Name of Employer selfemployed  Receipt For:  Primary  General	Occupation physician  Aggregate Year-to-Date ▼	contribution	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	600.00		
Mailing Address 701 South J		Date of Receipt  09 09 2011	
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.15859  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  675.00	contribution	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	225.00	
TOTAL This Period (last page this line numbe	r only)		

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

ı	FOR LINE	NUMBER	:   PAGE	E 180 OF	435
ı	(check only one)				
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to		
BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)  Thomas Hausle			
Mailing Address 701 South J	10 14 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.16077	
McAllen	TX 78501	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00		
Full Name (Last, First, Middle Initial)  3. Thomas Hausle	•	Date of Receipt	
Mailing Address 701 South J		11 10 2011	
City	State Zip Code	Transaction ID : SA11AI.16296	
McAllen	TX 78501	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  825.00		
Full Name (Last, First, Middle Initial)  Thomas Hausle	•	Date of Receipt	
Mailing Address 701 South J	12 09 2011		
City	State Zip Code	Transaction ID : SA11AI.16530	
McAllen	TX 78501	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	900.00		
SUBTOTAL of Receipts This Page (optional	)	225.00	
TOTAL This Period (last page this line number	<u> </u>		

	FOR LINE NUMBER	K:   PAI
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c
	10 14	

ı	FOR LINE	NOWREK	: PAGE	= 181 OF	435		
	(check only one)						
	<b>X</b> 11a	11b	11c	12			
	13	14	15	16	17		

or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		07 15 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.15425
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  3. Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		08 18 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15640
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	,	
Receipt For:	private investor	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial)  C. Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15860
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	er only)	

	_	R LINE	_		:	PAGE	1	82 OI	=	435
Use separate schedule(s) for each category of the	`	ck only	or	ne)				i.		
Detailed Summary Page	<u> </u> ×	11a		11b		11c		12		_
		13		14		15		16		17

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	g the name and address of any political committee	to consit contributions from such confillates.
Full Name (Last, First, Middle Initial)  A. Robert Helbing  Mailing Address 820 Tamarack  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)   General	State Zip Code TX 78501  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16078  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Robert Helbing  Mailing Address 820 Tamarack		Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	11 10 2011  Transaction ID : SA11AI.16297  Amount of Each Receipt this Period  100.00
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1100.00	contribution
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78501  C  Occupation private investor	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16531  Amount of Each Receipt this Period  100.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional	ıl)	300.00
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:					PAGE	: 1	ೲ	UF	•	433	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Blake Hensler Mailing Address 3414 Pricess Street  City Edinburg  FEC ID number of contributing	State Zip Code TX 78539	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15861  Amount of Each Receipt this Period
	federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date   225.00	contribution
В.	Full Name (Last, First, Middle Initial)  Mr. Blake Hensler  Mailing Address 3414 Pricess Street	Ctata Zin Coda	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 Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  250.00	Amount of Each Receipt this Period  25.00  contribution
c.	Full Name (Last, First, Middle Initial)  Mr. Blake Hensler  Mailing Address 3414 Pricess Street  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  275.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16298  Amount of Each Receipt this Period  25.00  contribution
	OTAL This Period (last page this line number of	<u></u>	75.00
1 1	/ þaga ana mia nambor d	.,,	

FOR LINE NUMBER: PAGE 184 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 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 (Last, First, Middle Initial) Mr. Blake Hensler Date of Receipt Mailing Address 3414 Pricess Street 09 2011 12 City State Zip Code Transaction ID: SA11AI.16532 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Monica Hensler Date of Receipt Mailing Address 3414 Princess Street 09 2011 09 City State Zip Code Transaction ID: SA11AI.15862 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Monica Hensler Date of Receipt Mailing Address 3414 Princess Street 10 14 2011 City State Zip Code Transaction ID: SA11AI.16080 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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

	FOR LINE	NUMBER:	: PAGE	= 185
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	1
, ,	12	1 14	15	1 14

					PAGE	1	85 OF	435	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using th	ne 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)  Ms Monica Hensler  Mailing Address 3414 Princess Street		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.16299  Amount of Each Receipt this Period  25.00
federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  275.00	contribution
Full Name (Last, First, Middle Initial)  Ms Monica Hensler  Mailing Address 3414 Princess Street  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16533
Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78539  C  Occupation private investor	Amount of Each Receipt this Period  25.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Ambrosio Hernandez  Mailing Address 2000 Dana  City	State Zip Code	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15428
Pharr  FEC ID number of contributing federal political committee.  Name of Employer	TX 78577  C Occupation	Amount of Each Receipt this Period  250.00  contribution
selfemployed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  1750.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	r only)	

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

				PAGE	1	86 OF	•	435	
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt
		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15643
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt
		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15863
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  C. Ambrosio Hernandez		Date of Receipt
Mailing Address 2000 Dana		10 14 2011
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.16081  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	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 NUMBER:						PAGE	1	87 OF	435
(check only one)									
[	$\times$	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	ne 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) Ambrosio Hernandez  Mailing Address 2000 Dana		Date of Receipt
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.16300  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	- contribution
Full Name (Last, First, Middle Initial)  Ambrosio Hernandez  Mailing Address 2000 Dana  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AL16535
Pharr  FEC ID number of contributing federal political committee.  Name of Employer	TX 78577  C Occupation	Transaction ID : SA11AI.16535  Amount of Each Receipt this Period  250.00  contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City  mcallen	State Zip Code TX 78503	Date of Receipt    M
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	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 NUMBER:						PAGE	: 1	88 OF	•	435
(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.

or for commercial purposes, other than using t	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)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    M
Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15864  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11Al.16082  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	: 1	89 OF	•	435	
(c	(check only one)									
X 11a 11b				11c		12				
		13		14		15		16		17

or for commercial purposes, other than using the	e 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)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive  #40 Villas Jardin  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16301
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Maximiliano Hernandez  Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16536  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15412  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:						PAGE	1	90 OF		435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt
City pharr	State Zip Code TX 78577	08 18 2011  Transaction ID : SA11AI.15645  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt  09 09 09 2011
City pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.15865  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	250.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	10 14 2011  Transaction ID : SA11AI.16083  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00
TOTAL This Period (last page this line number	or orny,	

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

FOR LINE	NUMBER:	PAGE	E 191 OF	435		
(check only one)						
<b>X</b> 11a	11b	11c	12			
13	14	15	16	17		

	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt		
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16302		
pharr  FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00			
Full Name (Last, First, Middle Initial)  Maria Hoffman  Mailing Address 802 Inspiration Road		Date of Receipt		
City pharr	State Zip Code TX 78577	12 09 2011  Transaction ID : SA11AI.16537  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial)  Dr. Jacobo Hohenstein		Date of Receipt		
Mailing Address 800 East Dove suite L		07 15 / Y=Y=Y=Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15430  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	200.00		
Name of Employer  self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1349.58	- contribution		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	700.00		
TOTAL This Period (last page this line number	r only)			

FOR LINE NUMBER:					PAGE	: 1	92 OF	•	435	
(c	(check only one)									
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 FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein  Mailing Address 800 East Dove suite L		Date of Receipt
City	State Zip Code	08
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employee Receipt For:	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1549.58	
Full Name (Last, First, Middle Initial)  3. Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		09 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.15866
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employee	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1749.58	
Full Name (Last, First, Middle Initial)  Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		10 14 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.16084
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1949.58	
SUBTOTAL of Receipts This Page (ontional)	)	600.00
TOTAL This Period (last page this line numb	ber only)	

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

г	FOR LINE NUMBER:						: 1	93	UF	•	433
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16			17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Jacobo Hohenstein  Mailing Address 800 East Dove suite L  City McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16303  Amount of Each Receipt this Period  200.00
federal political committee.  Name of Employer self-employee Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2149.58	contribution
Full Name (Last, First, Middle Initial)  Dr. Jacobo Hohenstein  Mailing Address 800 East Dove suite L  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee	State Zip Code TX 78504  C  Occupation physician	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16538  Amount of Each Receipt this Period  200.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2349.58	
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15431  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 194 OF Use se for ea Detaile

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

or for commercial purposes, other than using the	ne 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) Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia		Date of Receipt  08 18 2011
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Transaction ID : SA11AI.15647  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15867  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16085  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 195 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

435

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16304  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Dynio Honrubia  Mailing Address 5600 North Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16539  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Vincent Honrubia  Mailing Address 204 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary Other (specify)   General	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15432  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	350.00

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

FO	PAGE	1	96 OF	•	435				
(check only one)									
>	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the	he 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)  Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	08 18 2011  Transaction ID : SA11AI.15648  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Vincent Honrubia	2000.00	Date of Receipt
Mailing Address 204 Rio Grande  City	State Zip Code	09 09 2011
mission  FEC ID number of contributing	TX 78572	Transaction ID : SA11AI.15868  Amount of Each Receipt this Period  250.00
federal political committee.  Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Vincent Honrubia  Mailing Address, 204 Bis Counts	•	Date of Receipt
Mailing Address 204 Rio Grande  City mission	State Zip Code TX 78572	10 14 2011  Transaction ID : SA11AI.16086  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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

_	INE NU	PAGE	: 1	97 OF	•	435				
(check only one)										
X 1	1a	11b		11c		12				
10	3	14		15		16		17		

	the name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16305
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Vincent Honrubia  Mailing Address 204 Rio Grande		Date of Receipt  12 09 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.16540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Dr. Syed Husain		Date of Receipt
Mailing Address 7020 N. 1st		07 15 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.15433  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  700.00	- contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 198 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

Г	J	LIIVE	IVU	IVIDED		FAGL	. !	90	Oi		+55
(c	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to solidi contributions nom such committee.
Full Name (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15649  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt  109 09 2011  Transaction ID: SA11AI.15869  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16087  Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional)	·····	300.00

FOF	PAGE	1	99 OF		435				
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		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 (Last, First, Middle Initial)  Dr. Syed Husain  Mailing Address 7020 N. 1st	Dr. Syed Husain							
	State Zip Code	11 10 2011 Transaction ID + SA11A145206						
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16306  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	100.00						
Name of Employer	Occupation	contribution						
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1100.00							
	1100.00							
Full Name (Last, First, Middle Initial)  3. Dr. Syed Husain		Date of Receipt						
Mailing Address 7020 N. 1st		12 092011						
City	State Zip Code	Transaction ID : SA11AI.16541						
McAllen	TX 78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	100.00						
Name of Employer	Occupation	contribution						
self-employee	physician	_						
Receipt For:  Primary General  Other (specify) ▼								
Full Name (Last, First, Middle Initial)  Dr. Norma Iglesias	1	Date of Receipt						
Mailing Address 712 S. Cage		M = M / D = D / Y = Y = Y						
City Pharr	State Zip Code TX 78577	7 15 2011 Transaction ID : SA11AI.15434 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	400.00						
Name of Employer	Occupation	contribution						
self-employed	1 2							
Receipt For:  Primary General	Aggregate Year-to-Date ▼							
Other (specify) ▼	2800.00							
SUBTOTAL of Receipts This Page (optional	al)	600.00						
	<u>`</u> _							
TOTAL This Period (last page this line nun	nber only)							

ı	FOR LINE	-	: PAGE	200 OF	435						
ı	(check only one)										
	<b>X</b> 11a	11b	11c	12							
ı	13	14	15	16	17						

or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (IN FUII)  BORDER HEALTH FEDERAL	L PAC					
Full Name (Last, First, Middle Initial)  Dr. Norma Iglesias  Mailing Address, 740.6, Care	Date of Receipt					
Mailing Address 712 S. Cage		08 18 2011				
City	State Zip Code	Transaction ID : SA11AI.15650				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	3200.00					
Full Name (Last, First, Middle Initial)  Dr. Norma Iglesias		Date of Receipt				
Mailing Address 712 S. Cage		09 09 _2011 _				
City	State Zip Code	Transaction ID : SA11AI.15870				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	1, ,	-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	3600.00					
Full Name (Last, First, Middle Initial)  C. Dr. Norma Iglesias		Date of Receipt				
Mailing Address 712 S. Cage		10 14 _ 2011 _				
City	State Zip Code	Transaction ID : SA11AI.16088				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Name of Employer Occupation					
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	4000.00					
SUBTOTAL of Receipts This Page (optional)		1200.00				
,						
TOTAL This Period (last page this line numb	per only)					

F	OR	LINE	NU	MBER	PAGE	2	01 OF	•	435	
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial)  Dr. Norma Iglesias  Mailing Address 743 C. Care	Date of Receipt					
Mailing Address 712 S. Cage		11 10 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.16307				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	- contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	4400.00					
Full Name (Last, First, Middle Initial)  3. Dr. Norma Iglesias		Date of Receipt				
Mailing Address 712 S. Cage		12 09 2011				
City	State Zip Code	Transaction ID : SA11AI.16542				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	4800.00					
Full Name (Last, First, Middle Initial)  C. Ms Marina Jacobson		Date of Receipt				
Mailing Address 1505 Doherty		09 09 2011				
City	State Zip Code	Transaction ID : SA11AI.15871				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	i i					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	205.00					
Other (specify) ▼	225.00					
SUBTOTAL of Receipts This Page (optional)		825.00				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER: PAGE 202 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

435

	ng the name and address of any political committee to				
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial)  Ms Marina Jacobson  Mailing Address 1505 Doherty		Date of Receipt			
-		10 14 2011			
City	State Zip Code	Transaction ID : SA11AI.16089			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	25.00			
Name of Employer	Occupation	- contribution			
selfemployed	private investor				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial)  Ms Marina Jacobson		Date of Receipt			
Mailing Address 1505 Doherty	1,1 10 2011 10 10 10 10 10 10 10 10 10 10 10 10				
City	State Zip Code	Transaction ID : SA11AI.16308			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	25.00			
Name of Employer	Occupation	contribution			
selfemployed	private investor				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00				
Full Name (Last, First, Middle Initial)  Ms Marina Jacobson		Date of Possint			
Mailing Address 1505 Doherty		Date of Receipt			
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16543			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer	Name of Employer Occupation				
selfemployed					
Receipt For:	· ·				
Primary General					
Other (specify) ▼	300.00				
SUBTOTAL of Receipts This Page (ontion:	al)	75.00			
TO THE OF THOSOIPES THIS T AGE (OPHOTE	<u> </u>				
OTAL This Period (last page this line nur	nber only)				

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

FOR LINE	NUMBER	: PAGE	203 OF	435				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Donna Joule  Mailing Address 708 S H Street	Date of Receipt	
City mcallen	State Zip Code TX 78501	09 09 2011  Transaction ID : SA11AI.15872  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
selfemployed  Receipt For:  Primary  General	occupation physician  Aggregate Year-to-Date ▼	
Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial)  3. Donna Joule  Mailing Address 708 S H Street		Date of Receipt  10 14 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16090  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
Name of Employer selfemployed  Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date V	
Full Name (Last, First, Middle Initial)  Donna Joule		Date of Receipt
Mailing Address 708 S H Street  City	State Zip Code	11 10 2011 Transaction ID : \$414445200
mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16309  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  275.00	- contribution
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	75.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: 435 PAGE 204 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 16 15 17

ny infoi	mation (	copied from	such	Reports	and St	atement	s ma	y not be	sold	or used	by any	person	for t	he purpose o	f soliciting	contributions
r for co	mmercia	al purposes,	other	than us	sing the	name a	nd ac	ddress of	any	political	committ	ee to s	solicit	contributions	from such	committee.

0 NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Donna Joule Date of Receipt Mailing Address 708 S H Street 09 2011 12 City State Zip Code Transaction ID: SA11AI.16544 78501 TX mcallen Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nelson Kalaf Date of Receipt Mailing Address 5401 N. 8th Street 10 2011 14 City State Zip Code Transaction ID: SA11AI.16200 mcAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contributon Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nelson Kalaf Date of Receipt Mailing Address 5401 N. 8th Street 10 2011 11 City State Zip Code Transaction ID: SA11AI.16310 TX mcAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contributon Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

_	R LINE			PAGE	2	05 OF	•	435
(che	eck only	or	ıe)					
×	11a		11b	11c		12		
	13		14	15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street	Date of Receipt	
City mcAllen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16545  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  750.00	contributon
Full Name (Last, First, Middle Initial)  3. Gauri Kanhere  Mailing Address 2548 Palm Circle	State 7:- C-d-	Date of Receipt  07 15 2011
City rio grande city  FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.15437  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
Full Name (Last, First, Middle Initial)  Gauri Kanhere  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 TX 78582	Transaction ID : SA11AI.15653  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numbe	r only)	

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

_	R LINE	_		PAGE	2	06 OF	 435	
(che	eck only	one	e)					
×	11a		11b	11c		12		
	13		14	15		16	17	

or for commercial purposes, other than using th	ne 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)  Gauri Kanhere  Mailing Address 2548 Palm Circle	Gauri Kanhere					
City rio grande city	State Zip Code TX 78582	09 09 2011  Transaction ID : SA11AI.15873  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution				
Full Name (Last, First, Middle Initial)  Gauri Kanhere  Mailing Address 2548 Palm Circle  City	Date of Receipt  10 14 2011  Transaction ID + SA11AL16001					
rio grande city  FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.16091  Amount of Each Receipt this Period  250.00				
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution				
Full Name (Last, First, Middle Initial) Cauri Kanhere  Mailing Address 2548 Palm Circle		Date of Receipt				
City rio grande city  FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.16311  Amount of Each Receipt this Period  250.00				
Name of Employer  selfemployed  Receipt For:  Primary  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00				
TOTAL This Period (last page this line number	r only)					

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

					PAGE	2	07 OF	•	435
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial)  Gauri Kanhere  Mailing Address 2548 Palm Circle	Gauri Kanhere						
City rio grande city	State Zip Code TX 78582	12 09 2011  Transaction ID : SA11AI.16546  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	- contribution					
Full Name (Last, First, Middle Initial)  3. Gholam Kiani  Mailing Address 213 e. Xenops	Date of Receipt  07 15 2011						
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15438  Amount of Each Receipt this Period  250.00					
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution					
Full Name (Last, First, Middle Initial)  Gholam Kiani  Mailing Address 213 e. Xenops		Date of Receipt  08 18 _ 2011 _					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15654  Amount of Each Receipt this Period  250.00					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00					
TOTAL This Period (last page this line number	r only)						

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

		LINE			PAGE	PAGE 208 OF				
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  A. Gholam Kiani  Mailing Address 213 e. Xenops	Gholam Kiani					
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15874  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution				
selfemployed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2250.00					
Full Name (Last, First, Middle Initial)  Gholam Kiani  Mailing Address 213 e. Xenops	Date of Receipt  10 14 2011					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16092  Amount of Each Receipt this Period  250.00				
Name of Employer selfemployed  Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Cholam Kiani	2500.00	Date of Receipt				
Mailing Address 213 e. Xenops  City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16312				
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution				
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	2750.00	750.00				
TOTAL This Period (last page this line number	er only)					

F	FOR LINE NUMBER:						2	09 OF	•	435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

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 (Last, First, Middle Initial)  A. Gholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16547
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street	Date of Receipt	
City	State Zip Code	07 15 2011
mcallen	TX 78504	Transaction ID : SA11AI.15440  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif neceipt this Period
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz		Date of Receipt
Mailing Address 5111 N. 10th Street		08 18 2011
City	State Zip Code TX 78504	Transaction ID : SA11AI.15655
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	per only)	

FO						2	10 OF	4	435
(ch	eck only								
>	X 11a 11b						12		
	13	1-	4		15		16		17

or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street	Date of Receipt					
		09 09 2011				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15875				
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period				
Name of Employer	Occupation	contribution				
selfemployed	physician	_				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00					
Full Name (Last, First, Middle Initial)  3. Mary Elizabeth Klenz		Date of Receipt				
Mailing Address 5111 N. 10th Street	_ •					
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16093				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00					
Full Name (Last, First, Middle Initial)  Mary Flizabeth Klenz		Date of Possint				
Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street		Date of Receipt				
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16313				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician	_				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	2750.00					
SUBTOTAL of Receipts This Page (options	al)	750.00				
	mber only)					
I I I I I I I I I I I I I I I I I I I	11001 0111y/					

					PAGE	2	11 OF	435
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  Mary Elizabeth Klenz  Mailing Address 5111 N. 10th Street		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16548
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  3. Jorge Kutugata  Mailing Address Rt 2 Box 522-K		Date of Receipt
City weslaco	State Zip Code TX 78596	07 15 2011  Transaction ID : SA11AI.15441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		08 18 2011
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15656  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

FOR L	LINE N	:	PAGE	2	12 OF	-	435	
(check	only o							
X 1	1a	11b		11c		12		
1	3	14		15		16		17

or for commercial purposes, other than usi	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  1. Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15876
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Teal-to-Date ▼	
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		M M / D D / Y Y Y Y
City	State Zip Code	10 14 2011 Transaction ID : \$41141 16004
weslaco	Transaction ID : SA11AI.16094	
	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)	ı	Date of Receipt
Mailing Address Rt 2 Box 522-K		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16314
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
	mber only)	
I I I I I I I I I I I I I I I I I I I	111001 Offig)	

FOR LINE NUMBER:				PAGE	2	13 OF	•	435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial)  Jorge Kutugata		Date of Receipt				
Mailing Address Rt 2 Box 522-K		12 09 / Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11AI.16549				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General	0.0					
Other (specify) ▼	3000.00					
Full Name (Last, First, Middle Initial)  Ramiro Leal		Date of Receipt				
Mailing Address 601 Tulip		M = M / D = D / Y = Y = Y				
City	State 75 Oct	07 15 2011 Transaction ID : SA11Al.15442				
	City         State         Zip Code           mcallen         TX         78504					
_						
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1500.00					
Full Name (Last, First, Middle Initial)  C. Ramiro Leal	1	Date of Receipt				
Mailing Address 601 Tulip		08 18 2011 _				
City	State Zip Code	Transaction ID : SA11AI.15657				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	1750.00					
SUBTOTAL of Receipts This Page (optional	)	750.00				
, 1 195 (1510)						
TOTAL This Period (last page this line num	ber only)					

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

FOR LINE NUMBER:				PAGE	2	14 OF		435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  A. Ramiro Leal  Mailing Address 601 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	09 09 2011 Transaction ID : SA11AI.15877
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Ramiro Leal  Mailing Address 601 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16095  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Rick Lin		Date of Receipt
Mailing Address 5112 N. 10th Street		09 09 / 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15878  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  225.00	- contribution
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	er only)	

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

FOR	PAGE	2	15 OF	435				
(check only one)								
×	11a		11b		11c		12	
	13		14		15		16	17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Rick Lin  Mailing Address 5112 N. 10th Street		Date of Receipt  10 14 2011
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee Receipt For:	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.16096  Amount of Each Receipt this Period  25.00  contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Rick Lin  Mailing Address 5112 N. 10th Street  City	State Zip Code	Date of Receipt    M = M
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16316  Amount of Each Receipt this Period  25.00
Name of Employer self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  275.00	- contribution
Full Name (Last, First, Middle Initial)  Dr. Rick Lin  Mailing Address 5112 N. 10th Street  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: SA11AI 16550
McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  300.00	Transaction ID : SA11AI.16550  Amount of Each Receipt this Period  25.00  contribution
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:				PAGE	2	16 OF	•	435		
(c	(check only one)									
[	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Enrique Linan  Mailing Address 3003 Santo Olivia		Date of Receipt
	Stato Zin Ond	09 09 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15879  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  3. Dr. Enrique Linan  Mailing Address 3003 Santo Olivia		Date of Receipt
City Mission	State Zip Code TX 78572	10 14 2011  Transaction ID : SA11AI.16097  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00 contribution
Name of Employer self-employee	Occupation physician	SS. IN IDUNIO I
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Enrique Linan		Date of Receipt
Mailing Address 3003 Santo Olivia		11 10 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.16317  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:					PAGE	2	17 OF	•	435		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16		17

or for commercial purposes, other than using t	he 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)  Dr. Enrique Linan  Mailing Address 3003 Santo Olivia  City  Mission	Dr. Enrique Linan  Mailing Address 3003 Santo Olivia				
FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  300.00	Amount of Each Receipt this Period  25.00  contribution			
Full Name (Last, First, Middle Initial)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78703  C  Occupation private investor  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			
Full Name (Last, First, Middle Initial)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78703  C  Occupation private investor  Aggregate Year-to-Date ▼  3200.00	Date of Receipt    Mark			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	825.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER: PAGE 218 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

١, ١	17101	_	10 01	.00			
(cl	heck only	one)					
[:	X 11a	11b	1	11c		12	
	13	14		15		16	17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	_ PAC	
Full Name (Last, First, Middle Initial)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78703  C  Occupation private investor  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  99 09 2011  Transaction ID: SA11AI.15880  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78703  C  Occupation private investor  Aggregate Year-to-Date ▼  4000.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16098  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dale Linebarger  Mailing Address 901 West 9th Street  #405  City austin  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78703  C  Occupation private investor  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16318  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 219 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 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 (Last, First, Middle Initial) Dale Linebarger Date of Receipt Mailing Address 901 West 9th Street #405 09 2011 12 City State Zip Code Transaction ID: SA11AI.16552 TX austin 78703 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Lisa Longoria Date of Receipt Mailing Address 716 South Excalibur Street 2011 07 15 City State Zip Code Transaction ID: SA11AI.15446 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial)

Mailing Address 716 South Excalibur Street 80 City Zip Code State Transaction ID: SA11AI.15661 TX Edinburg 78539

FEC ID number of contributing С federal political committee. Name of Employer Occupation

self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General

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

400.00 Other (specify) SUBTOTAL of Receipts This Page (optional).....

Date	of	Receipt

18 2011

Amount of Each Receipt this Period

50.00

contribution

- 9

500.00

c. Ms Lisa Longoria

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 220 OF Use separate schedule(s) (check only one)

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13		11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourp	ose of	f so	liciting	cor	ntributio	ons	

A or for commercial purposes, other than 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) Ms Lisa Longoria Date of Receipt Mailing Address 716 South Excalibur Street 09 2011 City State Zip Code Transaction ID: SA11AI.15881 TX 78539 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Lisa Longoria Date of Receipt Mailing Address 716 South Excalibur Street 10 14 2011 City State Zip Code Transaction ID: SA11AI.16099 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Lisa Longoria Date of Receipt Mailing Address 716 South Excalibur Street M M / 11 10 2011 Zip Code City State Transaction ID: SA11AI.16319 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 221 OF Use separate schedule(s) for each category of the (check only one) X 11a 11b 11c Detailed Summary Page 13 14 15

435

17

12

16

	its and Statements may not be sold or used by any per using the name and address of any political committee	
BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial)  A. Ms Lisa Longoria		Date of Receipt
Mailing Address 716 South Excalibur	Street	12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16553
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:		_
	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  B. Mr. Rolando Longoria		Date of Receipt
Mailing Address 32243 Road 83		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15447
San Benito	TX 78586	Amount of Each Receipt this Period
FFC ID sumber of contribution		- American or East, recorpt time i enea
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	Aggregate real-to-bate ¥	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  C. Mr. Rolando Longoria		Date of Receipt
Mailing Address 32243 Road 83		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15662
San Benito	TX 78586	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. 99. 29	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (opt	tional)	150.00
TOTAL This Period (last page this line	number only)	

	FOR LINE NUMB	BER:   PAGE	222
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11	b 11c	12
	12 14	15	16

OF

435

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 perse e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Rolando Longoria  Mailing Address 32243 Road 83  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11Al.15882
San Benito  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	TX 78586  C  Occupation private investor  Aggregate Year-to-Date ▼  450.00	Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Mr. Rolando Longoria  Mailing Address 32243 Road 83  City  San Benito  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78586  C  Occupation private investor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16100  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  350.00	Date of Receipt  O7 15 2011  Transaction ID: SA11AI.15448  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	2	23 OF	•	435
(ch									
X 11a 11b				11c		12			
	13		14		15		16		17

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  A. Alfredo Lopez  Mailing Address 7609 N. 24th Circle	Alfredo Lopez				
City mcallen  FEC ID number of contributing	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15663  Amount of Each Receipt this Period  50.00			
Receipt For:  Primary General  Other (coordinate)	Occupation physician  Aggregate Year-to-Date ▼	contribution			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AL15883			
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15883  Amount of Each Receipt this Period  50.00  contribution			
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID: SA11Al.16101			
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  50.00  contribution			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	150.00			
TOTAL This Period (last page this line number	r only)				

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

FOR LINE NUMBER:					PAGE 224 OF				435		
(check only one)											
X 11a				11b		11c		12			
		13		14		15		16		17	

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16321  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial)  Alfredo Lopez  Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16554  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Julio Lopez		Date of Receipt
Mailing Address 1311 6th E. Street		07 15 / Y = Y = Y = Y
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15449  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
SUBTOTAL of Receipts This Page (optional)		350.00
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:						PAGE	2	25 OF	435
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street		Date of Receipt
City weslaco	State Zip Code TX 78596	08 18 2011  Transaction ID : SA11AI.15664  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street		Date of Receipt
City weslaco	State Zip Code TX 78596	09 09 2011  Transaction ID : SA11AI.15884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Julio Lopez		Date of Receipt
Mailing Address 1311 6th E. Street		10 14 2011
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.16102  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	- 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

					PAGE	2	26 OF	•	435	
	(ched	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID: SA11Al.16322
weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other	TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  2731.19	Amount of Each Receipt this Period  231.19  contribution
Full Name (Last, First, Middle Initial)  Julio Lopez  Mailing Address 1311 6th E. Street  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  2978.90	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16555  Amount of Each Receipt this Period  247.71  contribution
Full Name (Last, First, Middle Initial)  Dr. Sergio Lozano  Mailing Address 2309 Spicewood Drive  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary Other (specify)   Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  225.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15885  Amount of Each Receipt this Period  25.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	503.90
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 227 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 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 (Last, First, Middle Initial) Dr. Sergio Lozano Date of Receipt Mailing Address 2309 Spicewood Drive 2011 10 City State Zip Code Transaction ID: SA11AI.16103 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sergio Lozano Date of Receipt Mailing Address 2309 Spicewood Drive 2011 11 10 City State Zip Code Transaction ID: SA11AI.16323 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sergio Lozano Date of Receipt Mailing Address 2309 Spicewood Drive 09 12 2011 City State Zip Code Transaction ID: SA11AI.16556 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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

FOR LINE NUMBER: PAGE 228 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF						•	433	
(che	ck only	or	ne)					
×	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 F	PAC			
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East		Date of Receipt		
City	State Zip Code	07 15 2011		
mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.15452  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution		
Other (specify) ▼	1750.00			
Full Name (Last, First, Middle Initial)  Salil Mangi  Mailing Address 3801 Sundown Court East		Date of Receipt		
City mcallen	State Zip Code TX 78503	08 18 2011  Transaction ID : SA11AI.15667  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer selfemployed	Occupation physician	Similardi		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00			
Full Name (Last, First, Middle Initial)  Salil Mangi		Date of Receipt		
Mailing Address 3801 Sundown Court East		09 09 2011		
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.15887  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
SUBTOTAL of Receipts This Page (optional)		750.00		
TOTAL This Period (last page this line number	only)			

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

FOR LINE NUMBER:					PAGE	2	29 OF	435	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	and Statements may not be sold or used by any peing the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  A. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Ea		10 14 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.16105
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Tear-te-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court Ea	ast	M M / D D / Y Y Y Y Y Y
City	State Zip Code	11 10 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16325
	10303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial)  Salil Mangi	-	Date of Receipt
Mailing Address 3801 Sundown Court Ea	ast	12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16558
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	$\neg$
Primary General		
Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
	mber only)	
I I I I I I I I I I I I I I I I I I I	111001 Offigj	

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

FOR LINE	NUMBER	: PAGE	230 OF	435
(check only	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Carlos Manrique  Mailing Address 116 Cardinal  City  mcallen	State Zip Code TX 78504	Date of Receipt    M = M   / D = D   / Y = Y = Y = Y   Y = Y = Y   Y = Y = Y   Y = Y =
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2800.00	Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Carlos Manrique  Mailing Address 116 Cardinal  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15668  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Carlos Manrique  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15888  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1200.00
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:						PAGE	2	31 OF	-	435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than usi	ing the name and address of any political committee	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardiael		Date of Receipt
Mailing Address 116 Cardinal		10 14 2011
City	State Zip Code TX 78504	Transaction ID : SA11AI.16106
mcallen	1/ / 6504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial)  Carlos Manrique	•	Date of Receipt
Mailing Address 116 Cardinal		11 10 2011 _
City	State Zip Code	Transaction ID : SA11AI.16327
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 116 Cardinal		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16559
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4800.00	
SUBTOTAL of Receipts This Page (option	nal)	1200.00
<u> </u>	<u> </u>	
TOTAL This Period (last page this line nu	ımber only)	

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

FOR LINE NUMBER:					PAGE	2	32 OF	•	435		
	(check only one)										
	[:	X	11a		11b		11c		12		
			13		14		15		16		17

	he name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name (Last, First, Middle Initial) A. Agustin Martinez  Mailing Address 7603 N. 2nd Lane	Agustin Martinez  Mailing Address 7603 N. 2nd Lane						
City mcallen  FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.15454  Amount of Each Receipt this Period  400.00					
federal political committee.  Name of Employer selfemployed	Occupation physician	- contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2800.00						
Full Name (Last, First, Middle Initial)  Agustin Martinez  Mailing Address 7603 N. 2nd Lane	Agustin Martinez						
City mcallen	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15669  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution					
selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	3200.00						
Full Name (Last, First, Middle Initial)  Agustin Martinez		Date of Receipt					
Mailing Address 7603 N. 2nd Lane  City	State Zip Code	09 09 2011 Transaction ID : SA11Al.15889					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	. contribution					
SUBTOTAL of Receipts This Page (optional)		1200.00					
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER: PAGE 233 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

١, ١	I OIT LINE INDIVIDEIT.				IAGL	 JJ 01	400		
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	17	

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Agustin Martinez  Mailing Address 7603 N. 2nd Lane  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16107  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	contribution
Full Name (Last, First, Middle Initial)  Agustin Martinez  Mailing Address 7603 N. 2nd Lane  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID : SA11AI.16328
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78504  C  Occupation	Amount of Each Receipt this Period  400.00  contribution
Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  4400.00	
Full Name (Last, First, Middle Initial)  Agustin Martinez  Mailing Address 7603 N. 2nd Lane  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16561
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  4800.00	Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:					PAGE	2	34 OF	•	435	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  A. Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith		07 15 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.15455
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- contribution
selfemployed	physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  3. Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith	08 18 2011	
City	State Zip Code	Transaction ID : SA11AI.15670
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  C. Ricardo Martinez		Date of Receipt
Mailing Address 1903 W. Smith		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15890
edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line numl	<u> </u>	
		,

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

FOR LINE NUMBER:					PAGE	: 2	35 OF	4	435	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Ricardo Martinez  Mailing Address 1903 W. Smith  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78539  C  Occupation	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16108  Amount of Each Receipt this Period  250.00  contribution
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  3. Ricardo Martinez  Mailing Address 1903 W. Smith		Date of Receipt  11 10 2011
City edinburg  FEC ID number of contributing federal political committee	State Zip Code TX 78539	Transaction ID : SA11AI.16329  Amount of Each Receipt this Period  250.00
Receipt For:  Primary  Other (specify) ▼  Name of Employer  Selfemployed  General	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution
Full Name (Last, First, Middle Initial)  Ricardo Martinez  Mailing Address 1903 W. Smith		Date of Receipt
City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Transaction ID : SA11AI.16562  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).	<u></u>	750.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NU	MBER:	PAGE	2	36
Use separate schedule(s)	(check only or	ıe)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c		12
,	12	14	15		16

OF 435

Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Full Name (Last, First, Middle Initial)  Dr. Robert Martinez  Mailing Address 2809 Santa Lydia		Date of Receipt				
	Otata 7'- Out	07 15 2011				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15456  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employee Receipt For:	Occupation physician	contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  700.00					
Full Name (Last, First, Middle Initial)  3. Dr. Robert Martinez  Mailing Address 2809 Santa Lydia		Date of Receipt				
City	State Zip Code	08 18 2011 Transaction ID : SA11Al.15671				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00					
Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt				
Mailing Address 2809 Santa Lydia		09 09 2011				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15891 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	only)					

		R LINE		PAGE	2	37 OF	=	435		
Use separate schedule(s) for each category of the	(che	ck only	or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
,,,,,,,, .		13		14		15		16		17

or		e name and address of any political committee to	o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
	Mailing Address 2809 Santa Lydia		10 142011
	City	State Zip Code	Transaction ID : SA11AI.16109
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate real-to-bate ¥	
	Other (specify) ▼	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Date of Receipt
	Mailing Address 2809 Santa Lydia		11 10 2011
	City	State Zip Code	Transaction ID : SA11AI.16330
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00	
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert Martinez		Polo of Position
C.			Date of Receipt
	Mailing Address 2809 Santa Lydia  City	State Zip Code	12 09 2011
	Mission	TX 78572	Transaction ID : SA11AI.16563  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	contribution
	self-employee	physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Augurogate roal to bate ₹	
	Other (specify) ▼	1200.00	
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number		300.00

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

FOR LINE NUMBER:						PAGE	2	38 OF	•	435
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Santos Martinez  Mailing Address 125 East Yucca  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  07
Other (specify) ▼  Full Name (Last, First, Middle Initial)	1750.00	
3. Santos Martinez  Mailing Address 125 East Yucca  City	State Zip Code	Date of Receipt  08 18 2011
mcallen	TX 78504	Transaction ID : SA11AI.15672
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2000.00	contribution
Full Name (Last, First, Middle Initial)  Santos Martinez  Mailing Address 125 East Yucca		Date of Receipt  09 09 09 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	contribution
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

FC	OR LINE	NUMBER	t:   Page	E 239 OF	435				
(check only one)									
;	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Santos Martinez  Mailing Address 125 East Yucca  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  10 14 2011  Transaction ID : SA11Al.16110  Amount of Each Receipt this Period  250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2500.00	- contribution
Full Name (Last, First, Middle Initial)  Santos Martinez  Mailing Address 125 East Yucca  City	State Zip Code	Date of Receipt  11 10 2011
mcallen  FEC ID number of contributing federal political committee.  Name of Employer	TX 78504  C Occupation	Transaction ID : SA11AI.16331  Amount of Each Receipt this Period  250.00  contribution
self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial) Santos Martinez  Mailing Address 125 East Yucca  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11Al.16564
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  3000.00	Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 240 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

435

NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.				
BORDER HEALTH FEDER	AL PAC					
Full Name (Last, First, Middle Initial)  Pedro McDougal		Date of Receipt				
Mailing Address 1516 Iris		07 15 2011 L				
City	State Zip Code	Transaction ID : SA11AI.15459				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	riggrogato roa to bate ▼					
Other (specify) ▼	2800.00					
Full Name (Last, First, Middle Initial) . Pedro McDougal		Date of Receipt				
Mailing Address 1516 Iris		08 18 2011				
City	State Zip Code	Transaction ID : SA11AI.15674				
mcallen	TX 78501	Amount of Each Receipt this Period				
		, another of Each necespt this refloc				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	contribution					
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	3200.00					
Full Name (Last, First, Middle Initial)		Date of Bassist				
Pedro McDougal		Date of Receipt				
Mailing Address 1516 Iris		09 09 2011				
City	State Zip Code	Transaction ID : SA11AI.15894				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Name of Employer Occupation					
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		1				
Other (specify) ▼	3600.00					
SUBTOTAL of Receipts This Page (ontion	al)	1200.00				
	ω <sub>1</sub> ,	7 7				
TOTAL This Period (last page this line nu	mber only)					

	FOR LINE NUMBER: PAGE 241							
Use separate schedule(s) for each category of the	(check only	one)				,		
Detailed Summary Page	<b>X</b> 11a	11b		11c		12		
, ,	12	11/		15		16	ī	

435

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personal name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16112
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify)   Full Name (Last, First, Middle Initial)	4000.00	
Pedro McDougal  Mailing Address 1516 Iris		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.16333  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00	
Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt
Mailing Address 1516 Iris		12 09 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16566  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 242 OF Use separate schedule(s)

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	— <i>′</i>	lb 1	-	11c 15		12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourpos	se of	sol	iciting	con	tributio	ons	

A or for commercial purposes, other than 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) Ms Kimberely McNutt Date of Receipt Mailing Address 7716 N. 27th 09 2011 09 City State Zip Code Transaction ID: SA11AI.15895 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Kimberely McNutt Date of Receipt Mailing Address 7716 N. 27th 10 14 2011 City State Zip Code Transaction ID: SA11AI.16113 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Kimberely McNutt Date of Receipt Mailing Address 7716 N. 27th 11 10 2011 Zip Code City State Transaction ID: SA11AI.16334 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

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

FOF	R LINE	NU	MBER	PAGE	2	43 OF	•	435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Ms Kimberely McNutt  Mailing Address 7716 N. 27th		Date of Receipt
City McAllen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16567  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street		Date of Receipt
City mcallen	State Zip Code TX 78501	07 15 2011  Transaction ID : SA11AI.15461  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		08 18 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15676  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	- contribution
SUBTOTAL of Receipts This Page (optional).		825.00
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:							PAGE	2	44 OF	•	435
	(0	ck only	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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15896  Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  3600.00	contribution
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street  City  mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16114  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	- contribution
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	State Zip Code TX 78501  C  Occupation physician	Date of Receipt  11 10 2011  Transaction ID : SA11AI.16335  Amount of Each Receipt this Period  400.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00	1200.00
TOTAL This Period (last page this line number	per only)	

FOR LINE NUMBER: PAGE 245 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page

435

12

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Bertha Medina  Mailing Address 1300 1 1/2 Street		Date of Receipt  12 09 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  4800.00	Transaction ID : SA11AI.16568  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Carlos Mego  Mailing Address 602 McColl Circle  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  O7 15 2011  Transaction ID: SA11AI.15462  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Carlos Mego  Mailing Address 602 McColl Circle  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  08  18  2011  Transaction ID: SA11AI.15677  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER:				PAGE	2	46 OF	•	435		
(cl	(check only one)									
[:	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	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 (Last, First, Middle Initial)  Dr. Carlos Mego  Mailing Address, 603 McColl Circle		Date of Receipt
Mailing Address 602 McColl Circle		09 09 / 2011
City	State Zip Code	Transaction ID : SA11AI.15897
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	3600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16115
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	400.00
	Occupation	contribution
Name of Employer self-employed	Occupation	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4000.00	
Full Name (Last, First, Middle Initial)  Dr. Carlos Mego	•	Date of Receipt
Mailing Address 602 McColl Circle		11 102011
City	State Zip Code	Transaction ID : SA11Al.16336
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4400.00	
SUBTOTAL of Receipts This Page (ontional	u)	1200.00
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: PAGE 247 OF					•	435			
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Carlos Mego  Mailing Address 602 McColl Circle		Date of Receipt
	Ctoto 7:- 0 - 4	12 09 2011
City McAllen	State Zip Code TX 78501	Transaction ID : SA11Al.16569  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4800.00	
Full Name (Last, First, Middle Initial)  Manuel Mercado  Mailing Address 2002 Septe Sugges		Date of Receipt
Mailing Address 3002 Santa Susana  City mission	State Zip Code TX 78572	07 15 2011  Transaction ID : SA11AI.15463  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed	Occupation physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  C. Manuel Mercado	1	Date of Receipt
Mailing Address 3002 Santa Susana		08 18 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
selfemployed Receipt For:	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)	•	900.00
TOTAL This Period (last page this line number		

FOR LINE NUMBER: PAGE 248 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) **X** 11a 11b 11c 13 14 15

435

12

16

	nd Statements may not be sold or used by any person the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial)  Manuel Mercado  Mailing Address 2003 Sente Suggest		Date of Receipt		
Mailing Address 3002 Santa Susana		09 09 2011		
City	State Zip Code	Transaction ID : SA11AI.15898		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	- contribution		
selfemployed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00			
Full Name (Last, First, Middle Initial)  Manuel Mercado  Mailing Address 3002 Santa Susana		Date of Receipt		
		10 14 2011		
City	State Zip Code	Transaction ID : SA11AI.16116		
mission	TX 78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	- contribution		
selfemployed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00			
Full Name (Last, First, Middle Initial)  C. Manuel Mercado	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt		
Mailing Address 3002 Santa Susana		11 10 2011		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16337  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	_ contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	2750.00			
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	750.00		
TOTAL This Period (last page this line num	ber only)			

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

FOR LINE	NUMBER	: PAGE	249 OF	435			
(check only one)							
<b>X</b> 11a	11b	11c	12				
13	14	15	16	17			

	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  Manuel Mercado  Mailing Address 3002 Santa Susana		Date of Receipt		
City mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16570  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial)  Scott Meyer  Mailing Address 2100 School Lane	Scott Meyer			
City Mission	State Zip Code TX 78572	7 15 2011 Transaction ID : SA11AI.15464 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	75.00		
Name of Employer selfemployed	Occupation private investor	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00			
Full Name (Last, First, Middle Initial)  Scott Meyer		Date of Receipt		
Mailing Address 2100 School Lane		08 18 2011		
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15679  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	75.00		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  600.00	contribution		
SUBTOTAL of Receipts This Page (optional)		400.00		
TOTAL This Period (last page this line number	er only)			

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

				PAGE	2	50 OF	•	435		
l	(check only one)									
l	>	<b>1</b> 1a		11b		11c		12		
l		13		14		15		16		17

	Statements may not be sold or used by any person e name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC		
Full Name (Last, First, Middle Initial)  Scott Meyer  Mailing Address 2100 School Lane		Date of Receipt	
City	State Zip Code	09 09 2011	
Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15899  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer	Occupation	contribution	
selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  675.00		
Full Name (Last, First, Middle Initial)  Scott Meyer  Mailing Address 2100 School Lane		Date of Receipt	
City Mission	State Zip Code TX 78572	10 14 2011  Transaction ID : SA11AI.16117  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	75.00	
Name of Employer selfemployed	Occupation private investor	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial)  Coott Meyer		Date of Receipt	
Mailing Address 2100 School Lane		M M / D D / 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.16338  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	75.00	
Name of Employer selfemployed	Occupation private investor	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00		
SUBTOTAL of Receipts This Page (optional)		225.00	
TOTAL This Period (last page this line number	only)		

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

FOR LINE NUMBER:				PAGE	2	51 OF	•	435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Scott Meyer		Date of Receipt
Mailing Address 2100 School Lane		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16571
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Dr. Fausto Meza		Date of Receipt
Mailing Address 4914 Edinburg Road		M = M / D = D / Y = Y = Y
City	State 7in Code	07 15 2011
City	State Zip Code TX 78539	Transaction ID : SA11AI.15465
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)  Dr. Fausto Meza	•	Date of Receipt
Mailing Address 4914 Edinburg Road		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15680
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	175.00
TOTAL This Period (last page this line num	ber only)	

	FOF	R LINE	NU	MBER	:	PAGE	2	.52 C	)F
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
		13		14		15		16	

435

NAME OF COMMITTEE (In Full)	ne name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERAL  Full Name (Last, First, Middle Initial)  Dr. Fausto Meza  Mailing Address 4914 Edinburg Road  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date   450.00	Date of Receipt  M M M O9 09 2011  Transaction ID : SA11AI.15900  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Fausto Meza  Mailing Address 4914 Edinburg Road  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16118  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Fausto Meza  Mailing Address 4914 Edinburg Road  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary Other (specify)	State Zip Code TX 78539  C  Occupation private investor  Aggregate Year-to-Date ▼  550.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16339  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		150.00

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

FOR LINE NUMBER:					PAGE	2	53 OF	•	435	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Fausto Meza  Mailing Address 4914 Edinburg Road  City Edinburg	State Zip Code TX 78539	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16572  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date   600.00	50.00 contribution
Full Name (Last, First, Middle Initial)  Dr. Emil Milano  Mailing Address 225 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  700.00	Date of Receipt  07
Full Name (Last, First, Middle Initial)  Dr. Emil Milano  Mailing Address 225 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  800.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	250.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:					PAGE	: 2	54 OF	 435
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Emil Milano  Mailing Address 225 E. Cornell		Date of Receipt
City McAllen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15901  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Dr. Emil Milano  Mailing Address 225 E. Cornell	•	Date of Receipt  10 142011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16119  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Emil Milano		Date of Receipt
Mailing Address 225 E. Cornell	Otata Zin Ocale	11 10 / 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16340  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1100.00	. contribution
SUBTOTAL of Receipts This Page (optional	)	300.00
TOTAL This Period (last page this line numl	per only)	

					PAGE	2	55 OF	435		
	(0	che	ck only	or	ne)					
		X	11a		11b		11c		12	
			13		14		15		16	17

NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Emil Milano  Mailing Address 225 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1200.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16573  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  700.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15467  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt    Mark   18
SUBTOTAL of Receipts This Page (optional)	·····	300.00

FO	PAGE	2	56 OF	•	435			
(ch	eck only							
>	<b>1</b> 1a	11b		11c		12		
	13	14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Carlos N Mohamed Jr.  Mailing Address, 2821 Michael Appelo		Date of Receipt
Mailing Address 2821 Michael Angelo		09 09 / 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.15902
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Carlos N Mohamed Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		10 14 2011 _
City	State Zip Code	Transaction ID : SA11AI.16120
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	Occupation physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		M = M / D = D / Y = Y = Y = Y = Y = 11
City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16341
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional	)	300.00
oooopto mio i age (optional	,	7 7 7
TOTAL This Period (last page this line numb	ber only)	

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

FOR LINE NUMBER:				PAGE	2	57 OF	•	435		
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.  Mailing Address 2821 Michael Angelo	State 7in Code	Date of Receipt  12 09 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16574  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial)  Dr. Armando Moncada  Mailing Address 1421 North 2nd Street		Date of Receipt  07 15 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15468  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Dr. Armando Moncada	·	Date of Receipt
Mailing Address 1421 North 2nd Street		08 18 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15683  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	r only)	

				PAGE	2	58 OF	•	435	
(ched	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 (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15903
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee Receipt For:	physician  Aggregate Year-to-Date ▼	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial)  Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16121
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial)  Dr. Armando Moncada	<u> </u>	Date of Receipt
Mailing Address 1421 North 2nd Street		11 10 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.16342
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4400.00	
SUBTOTAL of Receipts This Page (ontion	nal)	1200.00
	<del>`</del> _	
TOTAL This Period (last page this line nur	mber only)	

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

FOF	PAGE	2	59 OF	•	435				
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial)  Dr. Armando Moncada  Mailing Address 1421 North 2nd Street  City  McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16575  Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  4800.00	contribution
Full Name (Last, First, Middle Initial)  Carlos Morales  Mailing Address 3325 Kent Lane	Stato 7in Code	Date of Receipt  07  15  2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Transaction ID: SA11AI.15469  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15684  Amount of Each Receipt this Period  400.00  contribution
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	1200.00

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

_	R LINE			PAGE	2	60 OF	-	435	
(ch	eck on	ly or	ne)						
>	<b>K</b> 11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Carlos Morales  Mailing Address 3325 Kent Lane	State 7:- C. 1	Date of Receipt  09 09 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.15904  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name (Last, First, Middle Initial)  Carlos Morales  Mailing Address 3325 Kent Lane		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16122  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial) Carlos Morales		Date of Receipt
Mailing Address 3325 Kent Lane		11 10 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16343  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	- contribution
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

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

FOF	PAGE	2	61 OF		435				
(check only one)									
X	11a		11b		11c		12		
	13	14 15 1					16		17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Carlos Morales  Mailing Address 3325 Kent Lane		Date of Receipt
City mcallen	State Zip Code TX 78503	12 09 2011  Transaction ID : SA11AI.16576  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  4800.00	
Full Name (Last, First, Middle Initial)  Leonel Moreno  Mailing Address 1608 Woods Drive		Date of Receipt  07 15 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.15470  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution
Primary General  Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial) Leonel Moreno  Mailing Address 1608 Woods Drive		Date of Receipt  08 18 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<u>·</u> _	900.00
TOTAL This Period (last page this line number	er orny)	

FOR LINE	NUMBER	: PAGE	262 OF	435					
(check only one)									
<b>X</b> 11a	11b	11c	12						
13	14	15	16	17					

or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15905
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2250.00	
Full Name (Last, First, Middle Initial)  Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive		10 14 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16123
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  C. Leonel Moreno	,	Date of Receipt
Mailing Address 1608 Woods Drive		11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16344
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
	<u></u>	
TOTAL This Period (last page this line num	nber only)	

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

г	UH	LINE	INO	MBER	PAGE	. 2	63 UF	•	433	
(0	che	ck only	or	ıe)						
	X	11a		11b	11c		12			
		13		14		15		16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Leonel Moreno  Mailing Address 1608 Woods Drive		Date of Receipt
City mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16577  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Lauren Naylor  Mailing Address 3020 Melinda Drive		Date of Receipt  07 15 2011
City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.15471  Amount of Each Receipt this Period  50.00
Name of Employer selfemployed  Receipt For:  Primary  General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)	350.00	
Mailing Address 3020 Melinda Drive		Date of Receipt  08 18 2011
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.15686  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	r only)	

#### SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 264 OF 435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	(	11a 13	one) 11b 14	11c		12 16		17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	urpose c	of soliciting	cor	tributi	ons	

An or for commercial purposes, other than 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) Lauren Naylor Date of Receipt Mailing Address 3020 Melinda Drive 09 09 2011 City State Zip Code Transaction ID: SA11AI.15906 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Lauren Naylor Date of Receipt Mailing Address 3020 Melinda Drive 10 14 2011 City State Zip Code Transaction ID: SA11AI.16124 TX 78539 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Lauren Naylor Date of Receipt Mailing Address 3020 Melinda Drive M M / 11 10 2011 Zip Code City State Transaction ID: SA11AI.16345 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

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

_	R LINE	_		PAGE	2	65 OF	435	
(che								
×	11a		11b		11c		12	
	13		14		15		16	17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Lauren Naylor  Mailing Address 3020 Melinda Drive		Date of Receipt  12 09 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16578  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Victor Ogunlana  Mailing Address 2604 Santa Teresa		Date of Receipt  07 15 2011
City Mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.15472 Amount of Each Receipt this Period
federal political committee.  Name of Employer self-employed	Occupation	50.00 contribution
Receipt For: Primary General Other (specify)	doctor  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa  City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15687
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period  50.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation doctor  Aggregate Year-to-Date ▼  400.00	contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	r only)	

ı	FOR LINE	NUMBER	R:   PAG	iE 266 OF	435				
ı	(check only one)								
	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				

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 (Last, First, Middle Initial)  Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15907
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
self-employed	doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  3. Dr. Victor Ogunlana  Mailing Address 2604 Santa Teresa		Date of Receipt
		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16125
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		11 10 / 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.16346
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	150.00
TOTAL This Period (last page this line numb		

FOR LINE NUMBER: PAGE 267 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

. •		•							
(check only one)									
>	<b>1</b> 1a		11b		11c		12		
	13		14		15		16		17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16579
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	, iggiogate Teal to Date ¥	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira		Date of Receipt
Mailing Address 9917 Bentsen Road		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15473
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	100.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
	physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 9917 Bentsen Road		M = M / D = D / Y = Y = Y
City	State Zip Code	08 18 2011  Transaction ID : SA11AI.15688
McAllen	TX 78504	Amount of Each Receipt this Period
		Amount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional	ıl)	250.00
TOTAL This Period (last page this line num	nber only)	

	FOR LIN	IE NU	MBER	:	PAGE	: 2	66
Use separate schedule(s)	(check o	nly or	ne)				
for each category of the Detailed Summary Page	<b>X</b> 11a		11b		11c		1:
,,	12		14		15		4

FOR LINE NOWIDER.				ITAGE	 00 01	100		
(check only one)								
	X	11a		11b		11c	12	
		13		14		15	16	17

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee  PAC	
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira  Mailing Address 9917 Bentsen Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  900.00	Date of Receipt  M M M / D D / 2011  Transaction ID : SA11AI.15908  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira  Mailing Address 9917 Bentsen Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16126  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Noel Olveira  Mailing Address 9917 Bentsen Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1100.00	Date of Receipt  11 10 2011  Transaction ID : SA11AI.16347  Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	300.00

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

FOR LINE NUMBER:					PAGE	2	69 OF	•	435
(check only one)									
>	<b>1</b> 1a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using th	e 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)  Dr. Noel Olveira  Mailing Address 9917 Bentsen Road		Date of Receipt
City McAllen	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16580  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1200.00	Contribution
Full Name (Last, First, Middle Initial)  Dr. Athanaji Orfanos  Mailing Address 3013 Lakeshore Drive		Date of Receipt  07 15 2011
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.15474  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  Dr. Athanaji Orfanos  Mailing Address 3013 Lakeshore Drive		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	08 18 2011  Transaction ID : SA11AI.15689  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:					PAGE	2	70 OF	•	435
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Dr. Athanaji Orfanos  Mailing Address 2013 Lakeshore Prive		Date of Receipt
Mailing Address 3013 Lakeshore Drive		09 09 7 2011
City	State Zip Code	Transaction ID : SA11AI.15909
Edinburg	TX 78539	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  3. Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		10 14 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.16127
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16348
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	Ţ
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1400.00	
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 271 OF 435									
(check only one)									
>	<b>1</b> 1a		11b		11c		12		
	13		14		15		16		17

	g the name and address of any political committee			
BORDER HEALTH FEDERA	AL PAC			
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos		Date of Receipt		
Mailing Address 3013 Lakeshore Drive		12 09 2011		
City	State Zip Code	Transaction ID : SA11AI.16581		
Edinburg	TX 78539	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
selfemployed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1200.00			
Full Name (Last, First, Middle Initial)  Mr. Jose Ortega		Date of Receipt		
Mailing Address 2504 Xanthisma		07 15 2011		
City	State Zip Code	Transaction ID : SA11AI.15475		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	700.00			
Full Name (Last, First, Middle Initial)  Mr. Jose Ortega	1	Date of Receipt		
Mailing Address 2504 Xanthisma		08 18 2011		
City	State Zip Code	Transaction ID : SA11AI.15690		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	800.00			
		200 20		
SUBTOTAL of Receipts This Page (optional	al)	300.00		
TOTAL This Period (last page this line num	nber only)			

FOR LINE NUMBER: PAGE 272 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

435

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDER	ng the name and address of any political committee	to solicit contributions from Such committee.
Full Name (Last, First, Middle Initial)	AL FAU	
Mr. Jose Ortega  Mailing Address 2504 Xanthisma		Date of Receipt  09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15910
mcallen  FEC ID number of contributing	TX 78504	Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)  Mr. Jose Ortega		Date of Receipt
Mailing Address 2504 Xanthisma		10 14 2011
City	State Zip Code	Transaction ID : SA11Al.16128
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	private investor	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  . Mr. Jose Ortega	1	Date of Receipt
Mailing Address 2504 Xanthisma		11 10 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16349  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (option	nal)	300.00
OTAL This Period (last page this line nu	ımber only)	

FOR LINE NUMBER: PAGE 273 OF Use separate schedule(s) (check only one) X 11a 11b 11c

435

for each category of the 12 Detailed Summary Page 14 13 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 (Last, First, Middle Initial) Mr. Jose Ortega Date of Receipt Mailing Address 2504 Xanthisma 09 2011 12 City State Zip Code Transaction ID: SA11AI.16582 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Armando Osio Date of Receipt Mailing Address 600 Tulip 2011 07 15 City State Zip Code Transaction ID: SA11AI.15476 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Armando Osio Date of Receipt Mailing Address 600 Tulip 80 18 2011 City State Zip Code Transaction ID: SA11AI.15691 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

- 9

9

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

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

FOR LINE NUMBER:						PAGE	2	74 OF	435
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Armando Osio  Mailing Address 600 Tulip		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15911
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Armando Osio  Mailing Address 600 Tulip		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16129  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Armando Osio	· 	Date of Receipt
Mailing Address 600 Tulip		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16350  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	- contribution
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 NUMBER:					:	PAGE	2	75 OF	435
	(check only one)								
	×	11a		11b		11c		12	
		13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Armando Osio  Mailing Address 600 Tulip		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11Al.16583
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)  Carmen Osorio-Castillo  Mailing Address 1601 Sebastian Drive		Date of Receipt
Mailing Address 1601 Sebastian Drive		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15477
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo		Date of Receipt
Mailing Address 1601 Sebastian Drive		08 18 2011
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.15692  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	350.00
TOTAL This Period (last page this line number	r only)	

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

ı	FOR LINE	NUMBER	: PAGE	276 OF	435		
ı	(check only one)						
	X 11a	11b	11c	12			
	13	14	15	16	17		

	ne name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Carmen Osorio-Castillo  Mailing Address 1601 Sebastian Drive	Carmen Osorio-Castillo				
City Mission	State Zip Code TX 78572	09 09 2011  Transaction ID : SA11AI.15912  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution			
self-employee  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  450.00				
Full Name (Last, First, Middle Initial)  Carmen Osorio-Castillo  Mailing Address 1601 Sebastian Drive	100.00	Date of Receipt			
City  Mission  FEC ID number of contributing	State Zip Code TX 78572	10 14 2011  Transaction ID : SA11AI.16130  Amount of Each Receipt this Period			
federal political committee.  Name of Employer self-employee  Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	50.00 contribution			
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID : SA11Al.16351			
Mission  FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 50.00			
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  550.00	- contribution			
SUBTOTAL of Receipts This Page (optional)		150.00			
TOTAL This Period (last page this line number	r only)				

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

FOR LINE NUMBER:				PAGE	2	77 OF	•	435	
(che	(check only one)								
X 11a 11b					11c		12		
	13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL					
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo  Mailing Address 1601 Sebastian Drive	Carmen Osorio-Castillo				
City Mission	State Zip Code TX 78572	12 09 2011  Transaction ID : SA11AI.16584  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution			
self-employee  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  600.00				
Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 121 E. Quamasia #148  City	State Zip Code	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15478			
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution			
Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 121 E. Quamasia  #148  City	State Zip Code	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15693			
mcallen  FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period  250.00			
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	550.00			
TOTAL This Period (last page this line numbe	r only)				

FOR LINE NUMBER: PAGE 278 OF 435									
(che	(check only one)								
×	11a		11b		11c		12		
	13 14						16		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 121 E. Quamasia #148  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)   Full Name (Last First Middle Initial)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15913  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Fernando Otero  Mailing Address 121 E. Quamasia #148  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16131  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Fernando Otero  Mailing Address 121 E. Quamasia  #148  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary Other (specify)   General Other (specify)	State Zip Code TX 78501  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16352  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional	I)	750.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:						PAGE	2	79 OF	•	435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Fernando Otero  Mailing Address 121 E. Quamasia #148  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	State Zip Code TX 78501  C Occupation physician	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16585  Amount of Each Receipt this Period  250.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3000.00	
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  525.00	Date of Receipt  07
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)		400.00
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:						PAGE	2	80 OF	435
(check only one)									
[	X	11a		11b		11c		12	
		13		14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River		Date of Receipt
City mcallen	State Zip Code TX 78572	09 09 2011 Transaction ID : SA11AI.15914
FEC ID number of contributing federal political committee.	C 78572	Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial)  Kip Owen  Mailing Address 2305 Red River	Date of Receipt	
City mcallen	State Zip Code TX 78572	10 14 2011  Transaction ID : SA11AI.16132  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  750.00	
Full Name (Last, First, Middle Initial)  . Kip Owen		Date of Receipt
Mailing Address 2305 Red River		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.16353  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  825.00	- contribution
SUBTOTAL of Receipts This Page (optional).		225.00
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:						PAGE	2	81	OF	435
(check only one)										
X 11a 11b				11c		12				
13 14					15		16		17	

or for commercial purposes, other than using th	ne 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)  Kip Owen  Mailing Address 2305 Red River		Date of Receipt				
		12 09 2011				
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.16586  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name (Last, First, Middle Initial)  Mr. Esteban Palacios Jr.  Mailing Address P.O. Box 3669	Date of Receipt					
City Edinburg	State Zip Code TX 78540	07 15 2011  Transaction ID : SA11AI.15480  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed	Occupation private investor	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name (Last, First, Middle Initial)  Mr. Esteban Palacios Jr.		Date of Receipt				
Mailing Address P.O. Box 3669		08 18 2011				
City Edinburg	State Zip Code TX 78540	Transaction ID : SA11AI.15695  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed	Occupation private investor	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
SUBTOTAL of Receipts This Page (optional)		175.00				
TOTAL This Period (last page this line numbe	r only)					

10

14

Transaction ID: SA11AI.16133

Amount of Each Receipt this Period

2011

50.00

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 (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Date of Receipt Mailing Address P.O. Box 3669 09 2011 09 City State Zip Code Transaction ID: SA11AI.15915 TX 78540 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Esteban Palacios Jr. Date of Receipt Mailing Address P.O. Box 3669

Zip Code

78540

State

TX

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

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

federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Esteban Palacios Jr. Date of Receipt Mailing Address P.O. Box 3669 11 10 2011 City Zip Code State Transaction ID: SA11AI.16354 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify)

- 9

9

150.00

City

Edinburg

FEC ID number of contributing

FOR LINE NUMBER:					PAGE	2	83 OF	•	435
(che									
X	X 11a 11b						12		
	13 14						16		17

or for commercial purposes, other than using t	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  A. Mr. Esteban Palacios Jr.  Mailing Address P.O. Box 3669  City Edinburg	State Zip Code TX 78540	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16587  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  600.00	50.00 contribution
Full Name (Last, First, Middle Initial)  Prakash Palimar  Mailing Address 121 Canary  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  O7 15 2011  Transaction ID: SA11AI.15481  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Prakash Palimar  Mailing Address 121 Canary  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15696  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).		550.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE	NUMBER	: PAGE	E 284 OF	435
(check only				
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial) Prakash Palimar  Mailing Address 121 Canary		Date of Receipt			
City	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15916  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 70504	Amount of Each Receipt this Period  250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00				
Full Name (Last, First, Middle Initial)  Prakash Palimar  Mailing Address 121 Canary	Date of Receipt				
City mcallen	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.16134  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00				
Full Name (Last, First, Middle Initial)  Prakash Palimar		Date of Receipt			
Mailing Address 121 Canary		11 10 Y = Y = Y = Y = Y			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16355  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	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

	R LINE			PAGE	2	85 OF	435	
(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.

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Prakash Palimar  Mailing Address 121 Canary	Date of Receipt			
City mcallen  FEC ID number of contributing	State Zip Code TX 78504	12 09 2011  Transaction ID : SA11AI.16588  Amount of Each Receipt this Period		
federal political committee.  Name of Employer selfemployed	Occupation physician	250.00 contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial)  3. Dr. Jerry Pallares  Mailing Address 24399 Dillworth Road	Date of Receipt  07 15 2011			
City Harlingen FEC ID number of contributing	State Zip Code TX 78552	Transaction ID : SA11AI.15482  Amount of Each Receipt this Period		
federal political committee.  Name of Employer selfemployed	Occupation	300.00 contribution		
Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  2100.00			
Full Name (Last, First, Middle Initial)  Dr. Jerry Pallares  Mailing Address 24399 Dillworth Road		Date of Receipt		
City Harlingen	State Zip Code TX 78552	08 18 2011  Transaction ID : SA11AI.15697  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00 contribution		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼			
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	2400.00	850.00		
TOTAL This Period (last page this line number	r only)			

	FOR LINE	E NUMBER	l:   PAGI	E 286 OF
Use separate schedule(s)	(check on	ly one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
,,	13	1/	15	16

435

or for commercial purposes, other than usin	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 (Last, First, Middle Initial)  Dr. Jerry Pallares  Mailing Addrson 24000 Dillucath Book	Dr. Jerry Pallares					
	Mailing Address 24399 Dillworth Road					
City	State Zip Code	Transaction ID : SA11AI.15917				
Harlingen	TX 78552	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	2700.00					
Full Name (Last, First, Middle Initial)  3. Dr. Jerry Pallares		Date of Receipt				
Mailing Address 24399 Dillworth Road		10 14 2011				
City	State Zip Code	Transaction ID : SA11AI.16135				
Harlingen	TX 78552	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	300.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	3000.00					
Full Name (Last, First, Middle Initial)  C. Dr. Jerry Pallares	'	Date of Receipt				
Mailing Address 24399 Dillworth Road		11 10 2011				
City	State Zip Code	Transaction ID : SA11AI.16356				
Harlingen	TX 78552	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer	contribution					
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	3250.00					
SUBTOTAL of Receipts This Page (options	al)	850.00				
	<u>_</u>					
TOTAL This Period (last page this line nur	mber only)					

FOR LINE NUMBER: PAGE 287 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

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

City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employer self-employed physician  Receipt For:  Primary General Other (specify) ▼  City State Zip Code TX 78539  Amount of Each Receipt this Period  Contribution  Contribution  Contribution  Contribution  Contribution  Date of Receipt  Mailing Address 2312 La Condesa  City State Zip Code TX 78539  EGID number of contributing Transaction ID: SA11AI.15698  Amount of Each Receipt this Period	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	
Name of Employer selfemployed Receipt For:    Primary   General   Other (specify) ▼	Mailing Address 24399 Dillworth Road  City Harlingen	TX 78552	12 09 2011  Transaction ID: SA11AI.16589  Amount of Each Receipt this Period
Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  City State Zip Code TX 78539  FEU ID number of contributing federal Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code TX 78539  Amount of Each Receipt this Period  Couptation physician  Full Name (Last, First, Middle Initial)  City State Zip Code TX 78539  Full Name (Last, First, Middle Initial)  City State Zip Code TX 78539  Fell Name (Last, First, Middle Initial)  City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employer State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employer Occupation physician  Receipt For: Aggregate Year-to-Date ▼  Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	Name of Employer selfemployed Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼  3500.00	
FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼  City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Receipt For:  City State Zip Code TX 78539  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : SA11AI.15698  Amount of Each Receipt this Period  Contribution  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	Mailing Address 2312 La Condesa	State Zip Code	07 15 / Y Y Y Y Y Y
Primary General Other (specify) ▼	FEC ID number of contributing federal political committee.  Name of Employer self-employed	Occupation	400.00
Dr. Guillermo Pechero  Mailing Address 2312 La Condesa  City State Zip Code Transaction ID: SA11Al.15698  Edinburg TX 78539  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Physician  Receipt For:  Primary General  Date of Receipt  Transaction ID: SA11Al.15698  Amount of Each Receipt this Period  contribution	Primary General		
	City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General	TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼	08 18 2011  Transaction ID: SA11AI.15698  Amount of Each Receipt this Period  400.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (ontional)		1050.00

FOR LINE NUMBER: PAGE 288 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

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

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
A.	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero  Mailing Address 2312 La Condesa  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M M M O9 09 2011  Transaction ID: SA11AI.15918  Amount of Each Receipt this Period  400.00  contribution
В.	Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
	City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.16136  Amount of Each Receipt this Period  400.00  contribution
	Name of Employer self-employed  Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  4000.00	
C.	Full Name (Last, First, Middle Initial)  Dr. Guillermo Pechero  Mailing Address 2312 La Condesa  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16357  Amount of Each Receipt this Period  400.00  contribution
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
7	OTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:				PAGE	2	89 OF	435	
(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.

or for commercial purposes, other than using the	ne 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)  Dr. Guillermo Pechero  Mailing Address 2312 La Condesa		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	12 09 2011  Transaction ID : SA11AI.16590  Amount of Each Receipt this Period  400.00
federal political committee.  Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4800.00	contribution
Full Name (Last, First, Middle Initial)  Eduardo Peguero  Mailing Address P.O.Box 5959  City	State Zip Code	Date of Receipt  07 15 2011
McAllen  FEC ID number of contributing federal political committee.	TX 78502	Transaction ID : SA11AI.15484  Amount of Each Receipt this Period  150.00  contribution
Name of Employer Self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physcian  Aggregate Year-to-Date ▼  1050.00	
Full Name (Last, First, Middle Initial)  Eduardo Peguero  Mailing Address P.O.Box 5959	Chole 7'- O-d-	Date of Receipt  08 18 2011
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Receipt For:	State Zip Code TX 78502  C  Occupation physcian  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.15699  Amount of Each Receipt this Period  150.00  contribution
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	1200.00	700.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:				PAGE	2	90 OF	•	435		
l	(check only one)									
	X	11a		11b		11c		12		
l		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Leduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		09 09 2011 .
City	State Zip Code	Transaction ID : SA11AI.15919
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self-employed	physcian	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1350.00	
Full Name (Last, First, Middle Initial)  Eduardo Peguero  Mailing Address P.O.Box 5959	<u>'</u>	Date of Receipt
City	State Zip Code	10 14 2011
McAllen	TX 78502	Transaction ID : SA11AI.16137  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self-employed	physcian	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial)  Eduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		11 10 2011
City	State Zip Code TX 78502	Transaction ID : SA11AI.16358
McAllen  FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
Self-employed	physcian	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	1650.00	
SUBTOTAL of Receipts This Page (optiona	1)	450.00
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE NUMBER:				PAGE	2	91 OF	•	435		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Eduardo Peguero  Mailing Address P.O.Box 5959		Date of Receipt
City McAllen	State Zip Code TX 78502	12 09 2011  Transaction ID : SA11AI.16591  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer  Self-employed  Receipt For:	Occupation physcian	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1800.00	
Full Name (Last, First, Middle Initial)  Dr. Alberto Pena  Mailing Address 3716 Tigris		Date of Receipt
City Edinburg	State Zip Code TX 78539	7 15 2011 Transaction ID : SA11AI.15485 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris	0:	08 18 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15700  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation doctor  Aggregate Year-to-Date ▼  400.00	contribution
SUBTOTAL of Receipts This Page (optional).		250.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE	NUMBER:	PAGE	= 292 OF
Use separate schedule(s)	(check only	/ one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

435

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena  Mailing Address 3716 Tigris		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15920
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	4
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  3. Dr. Alberto Pena		Date of Receipt
Mailing Address 3716 Tigris		M = M / D = D / Y = Y = Y = Y = 10 10 14 2011
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16138
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Alberto Pena	·	Date of Receipt
Mailing Address 3716 Tigris		11 102011
City	State Zip Code	Transaction ID : SA11AI.16360
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	doctor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional)		150.00
	<del>`</del> _	
TOTAL This Period (last page this line numb	per only)	

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

				PAGE	2	93 OF	•	435		
(check only one)										
l	X	11a		11b		11c		12		
l		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena  Mailing Address 3716 Tigris		Date of Receipt
City Edinburg	State Zip Code TX 78539	12 09 2011 Transaction ID : SA11AI.16592 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed	Occupation doctor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  3. Jose Pena  Mailing Address 100 Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Jose Pena		Date of Receipt
Mailing Address 100 Bluebird	Charles	08 18 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3200.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	850.00
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:				PAGE	2	94 OF	435	
(check only one)								
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Jose Pena  Mailing Address 100 Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15921  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  3600.00	
Full Name (Last, First, Middle Initial)  Jose Pena  Mailing Address 100 Bluebird		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16139  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00	contribution
Full Name (Last, First, Middle Initial)  Jose Pena  Mailing Address 100 Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16361  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  4400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	NUMBER	: PAGE	E 295 OF	435			
(check only one)							
<b>X</b> 11a	11b	11c	12				
13	14	15	16	17			

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Jose Pena  Mailing Address 100 Bluebird		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11Al.16593
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	
Full Name (Last, First, Middle Initial)  Juan Pena  Mailing Address 905 S. Huisache Court		Date of Receipt
	Stato 7:00-1	07 15 2011
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.15487  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
•		contribution
Name of Employer self-employed	Occupation	5554511
Receipt For:	private investor	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		08 18 2011
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.15702  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	r only)	

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

ı	FOR LIN	IE NUMB	ER:	PAGE	296 OF	435			
ı	(check only one)								
	X 11a	11	b 1	I1c	12				
	13	14	1	15	16	17			

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 (Last, First, Middle Initial)  Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15922
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- contribution
self-employed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Juan Pena  Mailing Address 905 S. Huisache Court	•	Date of Receipt
		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16140
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2650.00	
Full Name (Last, First, Middle Initial)  Juan Pena		Date of Receipt
Mailing Address 905 S. Huisache Court		11 10 2011
City	State Zip Code TX 78577	Transaction ID : SA11AI.16362
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	3050.00	
SUBTOTAL of Receipts This Page (optional)	·····	1050.00
TOTAL This Period (last page this line numb	per only)	

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

	FOR LINE NUMBER:					PAGE	2	97 OF		435	
(check only one)											
	>	<b>&lt;</b>	11a		11b		11c		12		
			13		14		15		16		17

	the name and address of any political committee t			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address 905 S. Huisache Court		12 09 2011		
City	State Zip Code	Transaction ID : SA11AI.16594		
pharr	TX 78577	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
self-employed	private investor			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3450.00			
Full Name (Last, First, Middle Initial)  3. Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia		Date of Receipt		
City	State Zin Code	07 15 2011		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15488		
	1000	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer	Occupation	contribution		
self-employee	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1050.00			
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira		Date of Receipt		
Mailing Address 7005 North Cynthia		08 18 2011		
City	State Zip Code	Transaction ID : SA11AI.15703		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer	Occupation	_ contribution		
self-employee	physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	1200.00			
SUBTOTAL of Receipts This Page (optional)	· ·	700.00		
TOTAL This Period (last page this line numb	per only)			

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

FOR LIN	E NUMBE	R: PAC	GE 298 O	F 435				
(check only one)								
<b>X</b> 11a	11b	11c	12					
13	14	15	16	17				

	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia		Date of Receipt		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15923  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer self-employee	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00			
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia		Date of Receipt  10 142011		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16141  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer self-employee	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial)  Dr. Nicholas Pereira		Date of Receipt		
Mailing Address 7005 North Cynthia		11 10 / Y=Y=Y=Y		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16363  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer  self-employee  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1650.00	_ contribution		
SUBTOTAL of Receipts This Page (optional).		450.00		
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:						PAGE	2	99 OF		435
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira  Mailing Address 7005 North Cynthia  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11A116505
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16595  Amount of Each Receipt this Period  150.00
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1800.00	contribution
Full Name (Last, First, Middle Initial)  Ernie Perez  Mailing Address P.O. Box 5360	Stata 7in Cod-	Date of Receipt  07 15 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.15489  Amount of Each Receipt this Period  75.00
Name of Employer self-employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  563.00	- contribution
Full Name (Last, First, Middle Initial) Ernie Perez  Mailing Address P.O. Box 5360	State Zin Code	Date of Receipt  08 18 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78502  C  Occupation private investor  Aggregate Year-to-Date ▼  623.00	Amount of Each Receipt this Period  60.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	285.00
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:					PAGE	3	00 OF	•	435	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ernie Perez  Mailing Address P.O. Box 5360		Date of Receipt
City mcallen	State Zip Code TX 78502	09 09 2011  Transaction ID : SA11AI.15764  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	50.00 contribution
self-employed Receipt For:  Primary General Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  673.00	
Full Name (Last, First, Middle Initial)  Ernie Perez  Mailing Address P.O. Box 5360		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.15982  Amount of Each Receipt this Period  25.00
Name of Employer self-employed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	698.00	
Full Name (Last, First, Middle Initial)  Ernie Perez  Mailing Address P.O. Box 5360		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	State Zip Code TX 78502	Transaction ID : SA11AI.16364  Amount of Each Receipt this Period  25.00
federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date   723.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00
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:				PAGE	3	01 OF		435
(check only one)								
X 11a		11b		11c		12		
13		14		15		16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial)  Ernie Perez  Mailing Address P.O. Box 5360	Ernie Perez						
City mcallen	State Zip Code TX 78502	12 09 2011 Transaction ID : SA11AI.16596  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution					
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  748.00						
Full Name (Last, First, Middle Initial)  Dr. Florencia Perez  Mailing Address 4600 Victoria	Stoto 7:- O-1-	Date of Receipt  07 15 2011					
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.15490  Amount of Each Receipt this Period  227.42					
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  659.39	contribution					
Full Name (Last, First, Middle Initial)  Dr. Florencia Perez  Mailing Address 4600 Victoria  City	State Zip Code	Date of Receipt    M					
McAllen  FEC ID number of contributing federal political committee.	TX 78503	Transaction ID : SA11AI.15705  Amount of Each Receipt this Period  185.47					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  844.86	contribution					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	437.89					
TOTAL This Period (last page this line number	r only)						

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

				PAGE	3	02 OF	435	
(check only one)								
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using the	ne 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)  Dr. Florencia Perez  Mailing Address 4600 Victoria	Dr. Florencia Perez						
City McAllen	State Zip Code TX 78503	09 09 2011  Transaction ID : SA11AI.15924  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	209.96 contribution					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1054.82						
Full Name (Last, First, Middle Initial)  Dr. Florencia Perez  Mailing Address 4600 Victoria		Date of Receipt  10 14 2011					
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.16142  Amount of Each Receipt this Period  164.47					
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1219.29	contribution					
Full Name (Last, First, Middle Initial) Dr. Florencia Perez  Mailing Address 4600 Victoria  City	State Zip Code	Date of Receipt  11 10 2011					
McAllen  FEC ID number of contributing federal political committee.	TX 78503	Transaction ID : SA11AI.16365  Amount of Each Receipt this Period  164.47					
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1383.76	contribution					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	538.90					
TOTAL This Period (last page this line number	r only)						

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

FOR LINE NUMBER:					PAGE	: 3	03 OF	•	435
(che									
×	11a		11b		11c		12		
	13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez  Mailing Address 4600 Victoria	Date of Receipt	
City McAllen	State Zip Code TX 78503	12 09 2011  Transaction ID : SA11AI.16597  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	157.47 contribution
Name of Employer selfemployed Receipt For:	Occupation private investor  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1541.23	
Full Name (Last, First, Middle Initial)  Claudia Pierson  Mailing Address 6912 N. Peking		Date of Receipt  07 15 2011
City mcallen	State Zip Code TX 78501	07 15 2011  Transaction ID : SA11AI.15491  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cocupation	250.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1602.92	
Full Name (Last, First, Middle Initial)  Claudia Pierson		Date of Receipt
Mailing Address 6912 N. Peking	State 7'm O-J	08 18 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15706  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	213.03
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1815.95	. contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	620.50
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:				PAGE	3	04 OF	•	435	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial) Claudia Pierson  Mailing Address 6912 N. Peking	Claudia Pierson						
City mcallen	State Zip Code TX 78501	09 09 2011  Transaction ID : SA11AI.15925  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	241.17					
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2057.12	- contribution					
Full Name (Last, First, Middle Initial)  Claudia Pierson  Mailing Address 6912 N. Peking		Date of Receipt  10 14 2011					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16143  Amount of Each Receipt this Period  188.92					
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2246.04	contribution					
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking	04-44-	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16366  Amount of Each Receipt this Period  188.92					
Name of Employer  selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2434.96	contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	619.01					
TOTAL This Period (last page this line number	r only)						

	FOR LINE NUMBER: PAGE 305 C								
Use separate schedule(s) for each category of the	(check only one)		Г						
Detailed Summary Page	X 11a 11b	> <u> </u>	11c		12				
, ,	1 12 1 14		15		16				

435

12 16

or for commercial purposes, other than using t	he name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial)  Claudia Pierson  Mailing Address 2049 N. Baltima	Claudia Pierson					
Mailing Address 6912 N. Peking		12 09 / Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.16598				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	180.88				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	2615.84					
Full Name (Last, First, Middle Initial)  Mr. Francisco Pina		Date of Receipt				
Mailing Address 129 E. Jones		09 09 2011 _				
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15926				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	225.00					
Full Name (Last, First, Middle Initial)  C. Mr. Francisco Pina		Date of Receipt				
Mailing Address 129 E. Jones		10 14 2011				
City	State Zip Code	Transaction ID : SA11AI.16144				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Name of Employer Occupation					
selfemployed	· ·					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	230.88				
TOTAL This Period (last page this line number	er only)					

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

				PAGE	3	06 OF	435		
(c	(check only one)								
	X	11a		11b		11c		12	
		13		14		15		16	17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina Mailing Address 129 E. Jones City Pharr	State Zip Code TX 78577	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16367  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  275.00	25.00 contribution
В.	Full Name (Last, First, Middle Initial)  Mr. Francisco Pina  Mailing Address 129 E. Jones		Date of Receipt  12 09 2011
	City Pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation private investor  Aggregate Year-to-Date ▼  300.00	Amount of Each Receipt this Period  25.00  contribution
C.	Full Name (Last, First, Middle Initial)  Ms Jessica Porras  Mailing Address 5128 North 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  225.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	OTAL This Period (last page this line number of	<u></u>	75.00
1	hage and mic named	- ,,	

FOR LINE NUMBER: PAGE 307 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

	J 1 1		140	IVIDEI	17101	 0,	0.	.00
(c	he	ck only	or	ıe)				
[	X	11a		11b	11c	12		
		13		14	15	16		17

	g the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Ms Jessica Porras		Date of Receipt
Mailing Address 5128 North 10th Street		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16145
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Ms Jessica Porras	'	Date of Receipt
Mailing Address 5128 North 10th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	11 10 2011 Transport in ID 044441 40000
McAllen	TX 78504	Transaction ID : SA11AI.16368  Amount of Each Receipt this Period
FEC ID number of contributing	1300	Amount of Each necessit this Period
federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Ms Jessica Porras	<u> </u>	Date of Receipt
Mailing Address 5128 North 10th Street		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16600
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	contribution
self-employee	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	75.00
, 5 50 (5)	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 308 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b

435

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	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  O7 15 2011  Transaction ID : SA11AI.15494  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1998.63	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2248.63	Date of Receipt  99 09 2011  Transaction ID : SA11AI.15928  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 309 OF Use separate schedule(s) for each category of the (check only one) X 11a 11b 11c Detailed Summary Page 13 14 15

435

12

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 F	PAC	
Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16146
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	2498.63	
Full Name (Last, First, Middle Initial)  Sergio Preciado  Mailing Address 521 E. Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16369  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 78504	232.05
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2730.68	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		12 09 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16601  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	248.63
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2979.31	
SUBTOTAL of Receipts This Page (optional)		730.68
TOTAL This Period (last page this line number	only)	

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

						PAGE	3	10 OF	•	435
	(che	ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Sor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial)  Sergio Ramirez  Mailing Address 1608 Woods Drive		Date of Receipt
		07 15 2011
City	State Zip Code TX 78572	Transaction ID : SA11AI.15495
mission FEO. ID acceptance (acceptable)	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1750.00	
Full Name (Last, First, Middle Initial)  Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		08 18 2011
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15710
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Sergio Ramirez		Date of Receipt
Mailing Address 1608 Woods Drive		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15929
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number of	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 311 OF 435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	_	11b 14		11c 15	$\vdash$	12 16	6 1	17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	purp	ose o	f sc	liciting	100	ntributi	ons	

A or for commercial purposes, other than 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) Sergio Ramirez Date of Receipt Mailing Address 1608 Woods Drive 10 2011 City State Zip Code Transaction ID: SA11AI.16147 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Sergio Ramirez Date of Receipt Mailing Address 1608 Woods Drive 11 10 2011 City State Zip Code Transaction ID: SA11AI.16370 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sergio Ramirez Date of Receipt Mailing Address 1608 Woods Drive M M / 09 12 2011 Zip Code City State Transaction ID: SA11AI.16602 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 

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

FOR L	PAGE	3	12 OF	•	435			
(check	only or	ne)						
X 1	1a	11b		11c		12		
1	3	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Gustavo Ramos  Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	7 15 2011 Transaction ID : SA11AI.15496
FEC ID number of contributing federal political committee.	C 70301	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed	Occupation physicain	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name (Last, First, Middle Initial)  Gustavo Ramos  Mailing Address 1301 S. Perking		Date of Receipt
City mcallen	State Zip Code TX 78501	08 18 2011  Transaction ID : SA11AI.15711  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Full Name (Last, First, Middle Initial)  Gustavo Ramos		Date of Receipt
Mailing Address 1301 S. Perking		09 09 / Y=Y=Y=Y 2011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15930  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physicain  Aggregate Year-to-Date ▼  3600.00	_ contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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

FC	DR	LINE	NU	MBER	:	PAGE	435		
(cl	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial)  Gustavo Ramos  Mailing Address 1301 S. Perking	stavo Ramos					
City mcallen	State Zip Code TX 78501	10 14 2011  Transaction ID : SA11AI.16148  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00 contribution				
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physicain  Aggregate Year-to-Date ▼  4000.00					
Full Name (Last, First, Middle Initial)  Gustavo Ramos  Mailing Address 1301 S. Perking		Date of Receipt  11 10 2011				
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16371  Amount of Each Receipt this Period  400.00				
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physicain  Aggregate Year-to-Date ▼  4400.00	contribution				
Full Name (Last, First, Middle Initial)  Gustavo Ramos  Mailing Address 1301 S. Perking		Date of Receipt				
City mcallen	State Zip Code TX 78501	12 09 2011  Transaction ID : SA11AI.16603  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	400.00 contribution				
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physicain  Aggregate Year-to-Date ▼  4800.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00				
TOTAL This Period (last page this line number	r only)					

FOR LINE NUMBER: PAGE 314 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 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 (Last, First, Middle Initial) Mr. Mario Rangel Date of Receipt Mailing Address 3213 Lance Lot Lane 07 15 2011 City State Zip Code Transaction ID: SA11AI.15498 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mario Rangel Date of Receipt Mailing Address 3213 Lance Lot Lane 08 2011 18 City State Zip Code Transaction ID: SA11AI.15713 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Mario Rangel Date of Receipt Mailing Address 3213 Lance Lot Lane 09 09 2011 City State Zip Code Transaction ID: SA11AI.15932 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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

		MBER	PAGE	: 3	15 OF	435				
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12		
,		12		1/		15		16	17	

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Mario Rangel  Mailing Address 3213 Lance Lot Lane		Date of Receipt
ag / taarese 0210 Earloo Est Earlo		10 14 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.16150
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. Mario Rangel  Mailing Address 3213 Lance Lot Lane		Date of Receipt
5 See See See See See See See See See Se		11 10 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16373
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  C. Mr. Mario Rangel		Date of Receipt
Mailing Address 3213 Lance Lot Lane		12 09 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16605  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	600.00	
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: PAGE 316 OF 435							435	
(che	ck only	or	ne)						
$\mid \; \mid \times$	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 F	PAC	
Full Name (Last, First, Middle Initial)  Ms Soraya Rangel  Mailing Address 2010 S. Cynthia Ste 110		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15933
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Ms Soraya Rangel  Mailing Address 2040 S. Curthia Sta 110		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110  City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16151
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Ms Soraya Rangel		Date of Receipt
Mailing Address 2010 S. Cynthia Ste 110		11 10 2011
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16374  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
SUBTOTAL of Receipts This Page (optional)		75.00
TOTAL This Period (last page this line number	only)	

	FOR LI	NE NL	JMBER:	:	PAGE	3	17 OF	
Use separate schedule(s)	(check	only or	ne)					
for each category of the Detailed Summary Page	X 11	a	11b		11c		12	
	l 🗆 13		14		15		16	Γ

435

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 (Last, First, Middle Initial)  Ms Soraya Rangel  Mailing Address 2010 S. Cynthia Ste 110		Date of Receipt
		12 09 2011
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16606
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00
Name of Employer	Occupation	contribution
selfemployed	private investor	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  8. R.V. Reddy		Date of Receipt
Mailing Address 1500 Southland Drive		07 15 2011 _
City	State Zip Code	Transaction ID : SA11AI.15500
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation	contribution
Receipt For:	physician	_
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  875.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1500 Southland Drive		08 182011
City	State Zip Code	08 18 2011  Transaction ID : SA11AI.15715
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	275.00
	<del>`</del> _	
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 318 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

435

BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial) R.V. Reddy  Mailing Address 1500 Southland Drive  City State Zip Code weslaco TX 78596  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  PAC Dealth, First, Middle Initial)	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15934  Amount of Each Receipt this Period  125.00  contribution
Mailing Address 1500 Southland Drive  City State Zip Code weslaco TX 78596  FEC ID number of contributing federal political committee.  Name of Employer Occupation physician  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)	O9 09 2011  Transaction ID: SA11AI.15934  Amount of Each Receipt this Period  125.00  contribution
City  weslaco  TX  78596  FEC ID number of contributing federal political committee.  Name of Employer  selfemployed  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1125.00  Full Name (Last, First, Middle Initial)	Date of Receipt
weslaco  TX 78596  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Amount of Each Receipt this Period  125.00  contribution  Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Primary General Other (specify) Table 1125.00  Full Name (Last, First, Middle Initial)	contribution  Date of Receipt
Name of Employer  selfemployed  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1125.00  Full Name (Last, First, Middle Initial)	contribution  Date of Receipt
selfemployed  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1125.00  Full Name (Last, First, Middle Initial)	Date of Receipt
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1125.00  Full Name (Last, First, Middle Initial)	<u> </u>
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  1125.00  Full Name (Last, First, Middle Initial)	<u> </u>
Primary General Other (specify) ▼ 1125.00  Full Name (Last, First, Middle Initial)	<u> </u>
Full Name (Last, First, Middle Initial)	<u> </u>
	<u> </u>
R.V. Reddy	M = M / D = D / Y = Y = Y
Mailing Address 1500 Southland Drive	10 14 2011
City State Zip Code	Transaction ID : SA11AI.16152
weslaco TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00
Name of Employer Occupation	contribution
selfemployed physician	
Pagaint For:	
Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1250.00	
Full Name (Last, First, Middle Initial) R.V. Reddy	Date of Reseint
Mailing Address 1500 Southland Drive	Date of Receipt  11 10 2011
City State Zip Code	11 10 2011 Transaction ID : SA11AI.16375
weslaco TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	125.00
Name of Employer Occupation	contribution
selfemployed physician	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 1375.00	
SUBTOTAL of Receipts This Page (optional)	375.00

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

FOF	LINE	NU	MBER	:	PAGE	3	19 OF	435
(che	ck only	or	ne)					
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 F	PAC	
Full Name (Last, First, Middle Initial)  R.V. Reddy  Mailing Address 1500 Southland Drive		Date of Receipt
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16607
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Manuel Reinoso  Mailing Address 1400 F Ridge quite 7		Date of Receipt
Mailing Address 1400 E Ridge suite 7  City	State Zip Code	09 09 2011 Transaction ID: SA11AI.15935
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso		Date of Receipt
Mailing Address 1400 E Ridge suite 7		10 14 2011
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16153  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 320 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

I TON LINE	INCINIDELL	. II AGL	. 320 01	400
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	he name and address of any political committee  PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Manuel Reinoso  Mailing Address 1400 E Ridge suite 7  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  275.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16376  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Manuel Reinoso  Mailing Address 1400 E Ridge suite 7  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16608  Amount of Each Receipt this Period  25.00  contribution
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  1750.00	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).	<b>&gt;</b>	300.00

# SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 321 OF

435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	· -	ck only 11a 13	one) 11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourpose	of s	soliciting	COI	ntributio	ons	

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	he name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15936  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  William Restrepo  Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16154  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

#### SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 322 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page		he	th only o		ne) 11b 14		11c		12 16		17
						1			-			<del></del>
nformation copied from such Reports and Statements ma	ay not be sold or used by any pe	rsoı	n fo	or the	pur	pose o	f so	oliciting	cor	ntributi	ons	

Any i or for commercial purposes, other than 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) William Restrepo Date of Receipt Mailing Address 1117 S. Cynthia 2011 11 10 City State Zip Code Transaction ID: SA11AI.16377 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Restrepo Date of Receipt Mailing Address 1117 S. Cynthia 12 09 2011 City State Zip Code Transaction ID: SA11AI.16609 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Maria J. Rios Date of Receipt Mailing Address P.O. Box 3606 09 09 2011 City State Zip Code Transaction ID: SA11AI.15937 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LINE NUMBER:					PAGE	: 3	23 OF	435		
	(c	he	ck only	or	ne)					
		X	11a		11b		11c		12	
			13		14		15		16	17

or for commercial purposes, other than using the	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 (Last, First, Middle Initial) Ms Maria J. Rios  Mailing Address P.O. Box 3606		Date of Receipt				
City	State Zip Code	Transaction ID : SA11AI.16155				
McAllen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)  3. Ms Maria J. Rios		Date of Receipt				
Mailing Address P.O. Box 3606		M M / D D / Y Y Y Y Y				
City	State Zip Code	11 10 2011				
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.16378  Amount of Each Receipt this Period				
_		Amount of Each necelpt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00					
Full Name (Last, First, Middle Initial)  C. Ms Maria J. Rios		Date of Receipt				
Mailing Address P.O. Box 3606		12 09 2011				
City	State Zip Code	Transaction ID : SA11AI.16610				
McAllen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed						
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	300.00					
SUBTOTAL of Receipts This Page (optional)		75.00				
TOTAL This Period (last page this line number	<u> </u>					

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

FOR LINE NUMBER:					PAGE	3	24 OF	435		
(check only one)										
		X	11a		11b		11c		12	
			13		14		15		16	17

	he name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston	Date of Receipt					
City	City State Zip Code mcallen TX 78501					
FEC ID number of contributing federal political committee.	C 78501	Amount of Each Receipt this Period  250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston		Date of Receipt  08 18 _2011 _				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15719  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed	Occupation physician	- contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial)  Homero Rivas		Date of Receipt				
Mailing Address 100 E. Houston		09 09 / 2011				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15938  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution				
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

						PAGE	3	25 OF	435
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston	Date of Receipt			
City mcallen	State Zip Code TX 78501	10 14 2011  Transaction ID : SA11AI.16156  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00			
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston		Date of Receipt  M M M / D D / Y D D / Y D D Y D D D D D D D D		
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16379  Amount of Each Receipt this Period  250.00		
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	contribution		
Full Name (Last, First, Middle Initial)  Homero Rivas  Mailing Address 100 E. Houston		Date of Receipt  12 09 2011		
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.16611  Amount of Each Receipt this Period  250.00		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	contribution		
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00		
TOTAL This Period (last page this line number	r only)			

FOR LINE NUMBER: PAGE 326 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE NUMBER.					FAGL	- 0	20 OI	+55
	(che	ck only	or	ıe)					
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	Statements may not be sold or used by any pers						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial)  Benjamin Robalino  Mailing Address 1217 S. Cynthia	Benjamin Robalino						
City	State Zip Code	07 15 2011 Transaction ID : SA11AL15505					
mcallen	TX 78501	Transaction ID : SA11AI.15505  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer	Occupation	- contribution					
selfemployed Receipt For:	physcian  Aggregate Vear-to-Date	-					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00						
Full Name (Last, First, Middle Initial)  3. Benjamin Robalino		Date of Receipt					
Mailing Address 1217 S. Cynthia		08 18 _2011 _					
City	State Zip Code	Transaction ID : SA11AI.15720					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer selfemployed	Occupation	contribution					
Receipt For:	physcian	-					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00						
Full Name (Last, First, Middle Initial)  Description: Benjamin Robalino		Date of Receipt					
Mailing Address 1217 S. Cynthia		09 09 2011					
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15939					
mcallen	TX 78501	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	contribution					
selfemployed	physcian	1					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	2250.00						
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	750.00					
TOTAL This Period (last page this line number	<u>·</u> _						

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

ı	FOR LINE NUMBER:					PAGE	3	27 OF	•	435
ı	(check only one)									
	×	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia  City mcallen	State Zip Code TX 78501	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16157			
FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	Occupation physcian  Aggregate Year-to-Date ▼  2500.00	Amount of Each Receipt this Period  250.00  contribution			
Full Name (Last, First, Middle Initial)  Benjamin Robalino  Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16380  Amount of Each Receipt this Period  250.00  contribution			
Full Name (Last, First, Middle Initial)  Benjamin Robalino  Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation physcian  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID : SA11Al.16612  Amount of Each Receipt this Period  250.00  contribution			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00			
TOTAL This Period (last page this line numb	er only)				

FOR LINE NUMBER: PAGE 328 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

FUR LINE NUMBER.					FAGL	- 0	20 OI		400	
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using th	ne 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)  Mr. Martin Rocha  Mailing Address P.O. Box 662	Mr. Martin Rocha  Mailing Address P.O. Box 662					
City Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78593  C  Occupation private investor  Aggregate Year-to-Date ▼  350.00	Transaction ID : SA11AI.15506  Amount of Each Receipt this Period  50.00  contribution				
Full Name (Last, First, Middle Initial)  Mr. Martin Rocha  Mailing Address P.O. Box 662  City  Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78593  C  Occupation private investor  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Full Name (Last, First, Middle Initial)  Mr. Martin Rocha  Mailing Address P.O. Box 662  City Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78593  C  Occupation private investor  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15940  Amount of Each Receipt this Period  50.00  contribution				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00				
TOTAL This Period (last page this line number	r only)					

FOR LINE NUMBER: PAGE 329 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

435

14 13 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 (Last, First, Middle Initial) Mr. Martin Rocha Date of Receipt Mailing Address P.O. Box 662 2011 10 City Zip Code State Transaction ID: SA11AI.16158 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Martin Rocha Date of Receipt Mailing Address P.O. Box 662 2011 11 10 City State Zip Code Transaction ID: SA11AI.16381 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Martin Rocha Date of Receipt Mailing Address P.O. Box 662 09 12 2011 City Zip Code State Transaction ID: SA11AI.16613 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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

FOR LINE NUMBER:				PAGE	: 3	30 OF	•	435		
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial)  Paulette Saca  Mailing Address 109 Condor  City  mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt    M		
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  525.00	- contribution		
Full Name (Last, First, Middle Initial)  Paulette Saca  Mailing Address 109 Condor  City	State 7in Codo	Date of Receipt  08 18 2011		
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78504  C  Occupation private investor	Transaction ID : SA11AI.15722  Amount of Each Receipt this Period  75.00  contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor  City mcallen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15941  Amount of Each Receipt this Period		
rec in number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify)	Occupation private investor  Aggregate Year-to-Date ▼  675.00	75.00 contribution		
SUBTOTAL of Receipts This Page (optional)	<b></b>	225.00		
TOTAL This Period (last page this line number	r only)			

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

FOR LINE NUMBER:					PAGE	3	31 OF	435
(che	(check only one)							
X	11a		11b		11c		12	
	13		14		15		16	17

	the name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name (Last, First, Middle Initial) Paulette Saca  Mailing Address 109 Condor	Paulette Saca						
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.16159  Amount of Each Receipt this Period  75.00  contribution					
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  750.00						
Full Name (Last, First, Middle Initial)  Paulette Saca  Mailing Address 109 Condor  City	Stata Zin Code	Date of Receipt  11 10 2011					
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C Occupation	Transaction ID : SA11AI.16382  Amount of Each Receipt this Period  75.00  contribution					
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  825.00						
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11Al.16614					
mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  □ Primary □ General  □ Other (specify) ▼	TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  900.00	Amount of Each Receipt this Period 75.00 contribution					
SUBTOTAL of Receipts This Page (optional)		225.00					
TOTAL This Period (last page this line number	er only)						

	FOR LINE NUM	3ER:   PAG	E 332
Use separate schedule(s)	(check only one)		
for each category of the Detailed Summary Page	X 11a 11	11c	12
	13 1/	1 15	16

OF

435

or for commercial purposes, other than using	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name (Last, First, Middle Initial)  A. Javier Saenz		Date of Receipt			
Mailing Address 2308 Monaco Drive		07 15 2011			
City	State Zip Code	Transaction ID : SA11AI.15508			
mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	, agrogato roar to bate 🔻				
Other (specify) ▼	2800.00				
Full Name (Last, First, Middle Initial)  3. Javier Saenz		Date of Receipt			
Mailing Address 2308 Monaco Drive		M M / D D / Y Y Y Y Y			
C:h.	Ctoto 7: Co-do	08 18 2011			
City	State Zip Code	Transaction ID : SA11AI.15723			
mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	3200.00				
Full Name (Last, First, Middle Initial)  C. Javier Saenz	<u>'</u>	Date of Receipt			
Mailing Address 2308 Monaco Drive		09 09 2011			
City	State Zip Code	Transaction ID : SA11AI.15942			
mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	3600.00				
SUBTOTAL of Receipts This Page (optional	)	1200.00			
,	· · · · · · · · · · · · · · · · · · ·				
TOTAL This Period (last page this line numl	per only)				

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

FC	PAGE	3	33 OF	4	435			
(ch	neck only							
	<b>X</b> 11a	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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Javier Saenz  Mailing Address 2308 Monaco Drive		Date of Receipt
City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼	10 14 2011 Transaction ID : SA11AI.16160  Amount of Each Receipt this Period  400.00  contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  3. Javier Saenz  Mailing Address 2308 Monaco Drive		Date of Receipt  11 10 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.16383  Amount of Each Receipt this Period  400.00
Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	- contribution
Full Name (Last, First, Middle Initial)  Javier Saenz  Mailing Address 2308 Monaco Drive		Date of Receipt  12 09 2011
City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.16615  Amount of Each Receipt this Period  400.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4800.00	contribution
SUBTOTAL of Receipts This Page (optional	)	1200.00
TOTAL This Period (last page this line numl	per only)	

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

FOR LINE NUMBER:						PAGE	: 3	34 OF	435
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  JJ Saenz  Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen	State Zip Code TX 78503	07 15 2011  Transaction ID : SA11AI.15509  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
Full Name (Last, First, Middle Initial)  3. JJ Saenz  Mailing Address 2400 S.E. Augusta Square		Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	08 18 2011  Transaction ID : SA11AI.15724  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution
Full Name (Last, First, Middle Initial)  JJ Saenz  Mailing Address 2400 S.E. Augusta Square  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15943
mcallen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 335 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 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 (Last, First, Middle Initial) JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square 2011 10 City State Zip Code Transaction ID: SA11AI.16161 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square 2011 11 10 City State Zip Code Transaction ID: SA11AI.16384 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2750.00 Other (specify) Full Name (Last, First, Middle Initial) JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square 09 12 2011 City State Zip Code Transaction ID: SA11AI.16616 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify)

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

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

750.00 9 - 9

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

FOR LINE NUMBER:					PAGE	3	36 OF	•	435
(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.

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd  suite 10	Stato Zio Codo	Date of Receipt  07 15 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78503  C  Occupation private investor  Aggregate Year-to-Date ▼  1750.00	Transaction ID : SA11AI.15510  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd suite 10  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation private investor  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 (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd suite 10  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation private investor  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  M M O O O O 2011  Transaction ID: SA11AI.15944  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	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:				PAGE	3	37 OF	•	435	
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  Larry Safir		Date of Receipt
Mailing Address 3300 S. 2nd suite 10	Charles T. C. I	10 14 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16162  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Larry Safir  Mailing Address 3300 S. 2nd		Date of Receipt
Suite 10 City	State Zip Code	11 10 2011 Transaction ID : SA11AI.16385
mcallen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2900.00	
Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt
Mailing Address 3300 S. 2nd suite 10		12 09 2011
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16617  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3300.00	
SUBTOTAL of Receipts This Page (optional).		1050.00
TOTAL This Period (last page this line number	er only)	

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

					PAGE	3	38 OF	435		
(check only one)										
	[	X	11a		11b		11c		12	
			13		14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop		Date of Receipt
City McAllen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15511  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop		Date of Receipt    M = M   / D = D   / Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	7 Transaction ID : SA11AI.15726 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Juan Salazar		Date of Receipt
Mailing Address 801 E Nolana Loop	0	09
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15945  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	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

				PAGE	3	39 OF	•	435
(check only one)								
[>	<b>X</b> 11a	11b		11c		12		
	13	14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop		Date of Receipt  10 14 2011
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16163  Amount of Each Receipt this Period  250.00  contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  3. Juan Salazar  Mailing Address 801 E Nolana Loop  City	State Zip Code	Date of Receipt  11 10 2011
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.16386  Amount of Each Receipt this Period  250.00  contribution
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Juan Salazar  Mailing Address 801 E Nolana Loop		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 federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Transaction ID : SA11AI.16618  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b></b>	750.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	3	40 OF	435	
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Elisa Garza Sanchez  Mailing Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  875.00	Date of Receipt  15 2011  Transaction ID: SA11AI.15512  Amount of Each Receipt this Period  125.00  contribution
Asiling Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  Other (specify) ▼	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15727  Amount of Each Receipt this Period  125.00  contribution
Full Name (Last, First, Middle Initial)  Elisa Garza Sanchez  Mailing Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer  Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78574  C  Occupation physician  Aggregate Year-to-Date ▼  1125.00	Date of Receipt  M M M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	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 NUMBER:				PAGE	3	41 OF	435	
(check only one)								
>	<b>1</b> 1a		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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509  N. Glasscock  City	State Zip Code	10 14 2011 Transaction ID : SA11Al.16164
	Mission FEC ID number of contributing	TX 78574	Amount of Each Receipt this Period
	federal political committee.  Name of Employer	Occupation	contribution
	Self employed Receipt For:	physician  Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	
В.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509  N. Glasscock  City	State Zip Code	11 10 2011 Transaction ID : SA11Al.16387
	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1375.00	
С.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509  N. Glasscock		12 09 / 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	Transaction ID : SA11AI.16619  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer Self employed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 1500.00	
S	UBTOTAL of Receipts This Page (optional)		375.00
	OTAL This Period (last page this line number of	<u></u>	

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

				PAGE	3	42 OF	•	435
(check only one)								
<b>X</b> 11a		11b		11c		12		
13		14		15		16		17

or for commercial purposes, other than using	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 (Last, First, Middle Initial)  Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15513
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Carol (apecily)	1730.00	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868		M = M / D = D / Y = Y = Y
City	State Zip Code	08 18 2011
McAllen	TX 78503	Transaction ID : SA11AI.15728  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15947
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
TOTAL This Period (last page this line num	mber only)	

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

ı	FOF	LINE	NU	MRFK	:	PAGE	: 3	43 OF	•	435
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	10 14 2011  Transaction ID : SA11AI.16165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez  Mailing Address P.O. Box 1868		Date of Receipt
City McAllen	State Zip Code TX 78503	11 10 2011  Transaction ID : SA11AI.16388  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868		12 09 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16620  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

	FOR	PAGE	3	44 OF	=	435				
Use separate schedule(s) for each category of the	(chec	k only	or	ne)		_				
Detailed Summary Page	×	11a		11b		11c		12		_
, ,		13		14		15		16		17

or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Luis San Miguel  Mailing Address 1912 Fair Oak		Date of Receipt
	Ot-1- 7'- 0 '-	07 15 2011
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.15514
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial)  3. Luis San Miguel		Date of Receipt
Mailing Address 1912 Fair Oak		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	08 18 2011 Transaction ID : SA11AI.15729
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial)  C. Luis San Miguel	'	Date of Receipt
Mailing Address 1912 Fair Oak		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15948
Mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (options	al)	300.00
TOTAL This Period (last page this line nur	mber only)	

FOR LINE NUMBER: PAGE 345 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

435

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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) Luis San Miguel Date of Receipt Mailing Address 1912 Fair Oak 10 2011 City State Zip Code Transaction ID: SA11AI.16166 TX Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Luis San Miguel Date of Receipt Mailing Address 1912 Fair Oak 11 10 2011

	Mission	TX 78574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1100.00	contribution
C.	Full Name (Last, First, Middle Initial)  Luis San Miguel  Mailing Address 1912 Fair Oak		Date of Receipt  12 09 2011
	City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.16621  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer	Occupation	100.00 contribution
	Self employed	physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1200.00	

Zip Code

78574

State

TX

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

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

300.00

Transaction ID: SA11AI.16389

City

Mission

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

FOR	LINE	NU	MBER	PAGE	3	46 OF	•	435	
(check only one)									
X	11a		11b	11c		12			
	13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Manuel Seas  Mailing Address 5714 N. 6th Street		Date of Receipt
City McAllen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15515  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 contribution
Name of Employer selfemployed Receipt For:	Occupation physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)  3. Dr. Manuel Seas  Mailing Address 5714 N. 6th Street		Date of Receipt  08 18 _2011 _
City McAllen	State Zip Code TX 78504	08 18 2011  Transaction ID : SA11AI.15730  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer selfemployed  Receipt For:	Occupation physician	- contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  Dr. Manuel Seas		Date of Receipt
Mailing Address 5714 N. 6th Street	Chate 7'- 0 '	09 09 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.15949  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  270.00	- contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUMBER: PAGE 347 OF								=	435
Use separate schedule(s) for each category of the	`	eck only	or	, ′		r		1		
Detailed Summary Page	×	11a		11b		11c		12	_	,
		13		14		15		16		17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial)  Dr. Manuel Seas		Date of Receipt
Mailing Address 5714 N. 6th Street		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16167
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Dr. Manuel Seas	•	Date of Receipt
Mailing Address 5714 N. 6th Street		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16390
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	30.00
	Occupation	contribution
Name of Employer selfemployed	Occupation	
Receipt For:	physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial)		Data of Receipt
Mailing Address 5714 N. 6th Street		Date of Receipt
Maining Address 5/14 N. btn Street		12 09 _2011 _
City	State Zip Code	Transaction ID : SA11AI.16622
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-Date ▼	
Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (options	al)	90.00
- Total of neceipts This Page (options	21/	
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 348 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

I OIT LINE	NONDELL	. I AGE	_ 570 01	100
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Michael Seiba  Mailing Address P. O. Box 4556		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78502	10 14 2011  Transaction ID : SA11AI.15992  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed Receipt For:	Occupation physician	250.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Michael Seiba  Mailing Address P. O. Box 4556		Date of Receipt  11 10 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16391  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  500.00	contribution
Full Name (Last, First, Middle Initial)  Michael Seiba  Mailing Address P. O. Box 4556		Date of Receipt  12 09 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16623  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  750.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	r only)	

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

F	OR	LINE	NU	MBER	PAGE	: 3	49 OF	435	
(0	che	ck only	or	ne)					
	X 11a 11b					11c		12	
		13		14		15		16	17

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	the name and address of any political committee  PAC	to solicit contributions from such confiffittee.
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  700.00	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15516  Amount of Each Receipt this Period  100.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  109 109 109 2011  Transaction ID: SA11AI.15950  Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00

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

FOF	LINE	NU	IMBER	PAGE	3	50 OF	•	435	
(che	(check only one)								
X	11a		11b	11c		12			
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell		Date of Receipt  10 14 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16168  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna  Mailing Address 125 E. Cornell		Date of Receipt  1,1 10 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.16392  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial)  Dr. Samuel Serna		Date of Receipt
Mailing Address 125 E. Cornell		12 09 / Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16624  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1200.00	- contribution
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 351 OF Use separate schedule(s) for each category of the Detailed Summary Page

FOF	FAGL	- 0	31 01	+55				
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive		Date of Receipt
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	7 15 2011 Transaction ID : SA11AI.15517 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78503  C	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15732  Amount of Each Receipt this Period  400.00  contribution
selfemployed  Receipt For:  Primary  Other (specify)	physician  Aggregate Year-to-Date ▼  3200.00	
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt    M
Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	Contribution
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	1200.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE	: PAGE	352 OF	435	
(check only	/ one)			
<b>X</b> 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.

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  4000.00	Transaction ID : SA11AI.16169  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16393  Amount of Each Receipt this Period  400.00  contribution
Full Name (Last, First, Middle Initial)  Tawhid Shuaib  Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary Other (specify)	State Zip Code TX 78503  C  Occupation physician  Aggregate Year-to-Date ▼  4800.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16625  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	: PAGE	353 OF	435	
(check only	y one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial)  Ms Pamela Sifuentes  Mailing Address 1801 Conch Key		Date of Receipt
City	State Zip Code	09 09 2011 Transaction ID : SA11AI.15952
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Ms Pamela Sifuentes  Mailing Address 4004 Octable (August 1997)		Date of Receipt
Mailing Address 1801 Conch Key  City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16170
Weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period  25.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dennis Slavin		Date of Receipt
Mailing Address 1501 S. Oklahoma		07 15 2011
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.15519  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 354 OF 435 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

or for commercial purposes, other than using the	ne 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)  Dennis Slavin  Mailing Address 1501 S. Oklahoma  City  weslaco  FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Date of Receipt  08 18 2011  Transaction ID : SA11AI.15734  Amount of Each Receipt this Period  50.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  400.00	contribution
Full Name (Last, First, Middle Initial)  Dennis Slavin  Mailing Address 1501 S. Oklahoma  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15953  Amount of Each Receipt this Period  50.00  contribution
Full Name (Last, First, Middle Initial)  Dennis Slavin  Mailing Address 1501 S. Oklahoma  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  Other (specify)	State Zip Code TX 78596  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16171  Amount of Each Receipt this Period  50.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:			PAGE	: 3	55 UF	4	435			
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  A. Dennis Slavin  Mailing Address 1501 S. Oklahoma		Date of Receipt
City weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.16395  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed	Occupation physician	50.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial)  3. Dennis Slavin  Mailing Address 1501 S. Oklahoma		Date of Receipt  12 09 2011
City weslaco FEC ID number of contributing	State Zip Code TX 78596	Transaction ID : SA11AI.16626  Amount of Each Receipt this Period  50.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  Hilda Solis  Mailing Address P.O.Box 3302		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	State Zip Code TX 78502	Transaction ID : SA11AI.15954  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  Self employed  Receipt For:  Primary  General	Occupation private investor  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	225.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	125.00
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:			PAGE	3	56 OF	-	435		
(check only one)									
	X 1	1a	11b		11c		12		
	1	3	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302		Date of Receipt
City McAllen	State Zip Code TX 78502	10 14 2011  Transaction ID : SA11AI.16172  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	25.00 contribution
Self employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Hilda Solis  Mailing Address P.O.Box 3302		Date of Receipt  11 10 2011
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16396  Amount of Each Receipt this Period  25.00
Name of Employer Self employed  Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  275.00	- contribution
Full Name (Last, First, Middle Initial)  Hilda Solis  Mailing Address P.O.Box 3302  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID: \$A11A1 16627
McAllen  FEC ID number of contributing federal political committee.	TX 78502	Transaction ID : SA11AI.16627  Amount of Each Receipt this Period  25.00  contribution
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  300.00	-
SUBTOTAL of Receipts This Page (optional).		75.00
TOTAL This Period (last page this line number	er only)	

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

			PAGE	3	57 OF	•	435	
(check only one)								
X 1	1a	11b		11c		12		
1	3	14		15		16		17

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 (Last, First, Middle Initial)  1. Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15521
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	159.35
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	959.93	
Full Name (Last, First, Middle Initial)  3. Joel Solis	<u> </u>	Date of Receipt
Mailing Address 405 E. Avocet		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15736
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	129.96
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1089.89	
Full Name (Last, First, Middle Initial)  Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		09
City	State Zip Code	Transaction ID : SA11AI.15955
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	147.12
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	1237.01	
SUBTOTAL of Receipts This Page (optional	)	436.43
TOTAL This Period (last page this line numb	per only)	7

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

FOR LINE	NUMBER	: PAGE	358 OF	435	
(check only one)					
<b>X</b> 11a	11b	11c	12		
13	14	15	16	17	

	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial)  Joel Solis  Mailing Address 405 E. Avocet	Date of Receipt				
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11Al.16173  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 76301	Amount of Each Receipt this Period			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1352.25				
Full Name (Last, First, Middle Initial)  Joel Solis  Mailing Address 405 E. Avocet		Date of Receipt			
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16397  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	102.98			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1455.23				
Full Name (Last, First, Middle Initial)  Joel Solis		Date of Receipt			
Mailing Address 405 E. Avocet		12 09 / 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.16628  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	110.34			
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1565.57	- contribution			
SUBTOTAL of Receipts This Page (optional).		328.56			
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:				PAGE	3	59 OF	-	435		
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	ne name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial)  Dr. Hector Soto  Mailing Address 101 South Greenbriar	Date of Receipt				
City McAllen	State Zip Code TX 78502	07 15 2011  Transaction ID : SA11AI.15522  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer self-employee	Occupation physician	- contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00				
Full Name (Last, First, Middle Initial)  Dr. Hector Soto  Mailing Address 101 South Greenbriar		Date of Receipt  08 18 2011			
City McAllen	State Zip Code TX 78502	08 18 2011  Transaction ID : SA11AI.15737  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer self-employee	Occupation physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00				
Full Name (Last, First, Middle Initial)  Dr. Hector Soto		Date of Receipt			
Mailing Address 101 South Greenbriar		09 09 / 2011			
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.15956  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer self-employee Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3600.00	. contribution			
SUBTOTAL of Receipts This Page (optional)		1200.00			
TOTAL This Period (last page this line number	r only)				

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

FOR LINE NUMBER:				PAGE	: 3	60 OF	435		
(check only one)									
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using th	e 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) Dr. Hector Soto  Mailing Address 101 South Greenbriar	Date of Receipt			
City McAllen	State Zip Code TX 78502	10 14 2011  Transaction ID : SA11AI.16174  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00 contribution		
Name of Employer self-employee Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4000.00			
Full Name (Last, First, Middle Initial)  Dr. Hector Soto  Mailing Address 101 South Greenbriar	Ctoto 7:- O-1-	Date of Receipt  11 10 2011		
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16398  Amount of Each Receipt this Period  400.00		
Name of Employer self-employee  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	contribution		
Full Name (Last, First, Middle Initial)  Dr. Hector Soto  Mailing Address 101 South Greenbriar		Date of Receipt  12 09 2011		
City McAllen FEC ID number of contributing	State Zip Code TX 78502	Transaction ID : SA11AI.16629  Amount of Each Receipt this Period		
federal political committee.  Name of Employer self-employee	Occupation physician	400.00 contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00		
TOTAL This Period (last page this line number	· only)			

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

FOR LINE NUMBER: PAGE 361 O					61 OF	•	435		
(che	(check only one)								
X	11a		11b		11c		12		
	13		14		15		16		17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Nelson Spinetti  Mailing Address 2707 Cornerstone Blvd  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation self-employee physician  Aggregate Year-to-Date ▼  220.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16399  Amount of Each Receipt this Period  20.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Nelson Spinetti  Mailing Address 2707 Cornerstone Blvd  City  Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16630  Amount of Each Receipt this Period
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 240.00	contribution
Full Name (Last, First, Middle Initial)  Mr. Raul Sustaita  Mailing Address 1602 Scobey  City Donna  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78537  C  Occupation private investor  Aggregate Year-to-Date ▼	Date of Receipt  99 99 2011  Transaction ID: SA11AI.15958  Amount of Each Receipt this Period  25.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	65.00
TOTAL This Period (last page this line number	only)	

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

-	FOR LINE NUMBER:   PAGE 362 OF 43							435		
(c	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Mr. Raul Sustaita  Mailing Address 1602 Scobey		Date of Receipt  10 14 2011
City Donna FEC ID number of contributing	State Zip Code TX 78537	Transaction ID : SA11AI.16176  Amount of Each Receipt this Period  25.00
federal political committee.  Name of Employer selfemployed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Mr. Raul Sustaita  Mailing Address 1602 Scobey		Date of Receipt
City Donna  FEC ID number of contributing	State Zip Code TX 78537	Transaction ID : SA11AI.16400  Amount of Each Receipt this Period
federal political committee.  Name of Employer selfemployed	Occupation private investor	25.00 contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name (Last, First, Middle Initial)  Mr. Raul Sustaita  Mailing Address 1603 Scoboy		Date of Receipt
Mailing Address 1602 Scobey  City Donna  FEC ID number of contributing federal political committee.	State Zip Code TX 78537	12 09 2011  Transaction ID : SA11AI.16631  Amount of Each Receipt this Period  25.00
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  300.00	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER: PAGE 363 OF 4					435		
ı	(check only one)						
	<b>X</b> 11a	11b	11c	12			
	13	14	15	16	17		

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  A. Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	07 15 2011  Transaction ID : SA11AI.15525  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt  08 182011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15740  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		09 09 2011
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.15959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  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)	

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

FOR LINE NUMBER:				PAGE	3	64 OF	•	435
(check only one)								
X 11	а	11b		11c		12		
13	3	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial)  A. Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	10 14 2011  Transaction ID : SA11AI.16177  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self employed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name (Last, First, Middle Initial)  Alejandro Tey  Mailing Address 3012 Laurie Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16401  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		12 09 / Y = Y = Y = Y = Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.16632  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  3000.00	- 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:				PAGE	3	65 OF	•	435		
(check only one)										
		X	11a	11b		11c		12		
			13	14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt
City mcallen	State Zip Code TX 78501	07 15 2011  Transaction ID : SA11AI.15526  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt  08 182011
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15741  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		09
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.15960  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  2250.00	- 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:				PAGE	3	66 OF	435	
(check only one)									
	>	<b>1</b> 1a		11b		11c		12	
		13		14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt
City mcallen	State Zip Code TX 78501	10 14 2011  Transaction ID : SA11AI.16178  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation private investor	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial)  Jose Trejo  Mailing Address 112 S. Broadway		Date of Receipt  11 10 2011
City mcallen	State Zip Code TX 78501	11 10 2011  Transaction ID : SA11AI.16402  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		12 09 / 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.16633  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  3000.00	- contribution
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

		LINE			:	PAGE	3	67 OI	F .	435
Use separate schedule(s) for each category of the	`	ck only	or	ne)				,		
Detailed Summary Page	×	11a		11b		11c		12		_
, ,		13		14		15		16		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERAL  Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 9123 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  07
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 9123 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  800.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 9123 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u> </u>	300.00

FOR LINE	: PAGE	368 OF	435	
(check only	/ one)			
<b>X</b> 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 F	PAC	
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 9123 1st Street		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16180
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dr. Krishna Turlapati  Mailing Address 2422 4 4 24		Date of Receipt
Mailing Address 9123 1st Street  City	State Zip Code	11 10 2011 Transaction ID : SA11Al.16404
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati		Date of Receipt
Mailing Address 9123 1st Street		12 09 2011
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.16635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 369 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

435

NAME OF COMMITTEE (IN FUII)  BORDER HEALTH FEDERA	L PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code TX 78504  C	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15529  Amount of Each Receipt this Period  250.00  contribution
self-employed Receipt For: Primary General Other (specify)	physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Susan Turley  Mailing Address 312 Thunderbird		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	State Zip Code TX 78504	Transaction ID : SA11AI.15744  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	250.00 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Susan Turley  Mailing Address 312 Thunderbird		Date of Receipt  09 09 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15963  Amount of Each Receipt this Period  250.00
Name of Employer  self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	contribution
		750.00

FOR LINE NUMBER: PAGE 370 OF 435 Use separate schedule(s for each category of the Detailed Summary Page

s)	(check o	nly one)	i. That	2 070 01	100
	X 11a	11b	11c	12	
	13	14	15	16	17

NAME OF COMMITTEE (In Full)	DAC	
BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		10 14 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.16181
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Augusta Total to Date 4	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16405
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General Other (specify) ▼	2750.00	
Full Name (Last, First, Middle Initial) . Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16636
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
		750.00
SUBTOTAL of Receipts This Page (optional)		

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

ı	FOR LINE	: PAGE	371 OF	435	
ı	(check on	ly one)			
	<b>X</b> 11a	11b	11c	12	
	13	14	15	16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive		Date of Receipt
City mission	State Zip Code TX 78572	07 15 2011  Transaction ID : SA11AI.15530  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive		Date of Receipt
City mission	State Zip Code TX 78572	08 18 2011  Transaction ID : SA11AI.15745  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa		Date of Receipt
Mailing Address 2403 El Encino Drive		09 09 / 2011
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.15964  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt  10 14 2011  Transaction ID : SA11AI.16182  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician  Aggregate Year-to-Date ▼  2500.00	contribution
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive  City	State Zip Code	Date of Receipt  11 10 2011  Transaction ID: SA11AL16406
mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Transaction ID : SA11AI.16406  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Marcel Twahirwa  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16637  Amount of Each Receipt this Period  250.00  contribution
	<b>•</b>	750.00
TOTAL This Period (last page this line numb	er only)	

	FOR LIN	E NUM	IBER:	PAGE	: 373 OF	
Use separate schedule(s)	(check o	nly one	e)			
for each category of the	X 11a		11b	11c	12	
Detailed Summary Page	13	$H_1$	14	15	16	-

435

	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 (Last, First, Middle Initial) Dr. Theresa Valladares  Mailing Address 2302 Red River Drive		Date of Receipt
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15531
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  3. Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		08 18 2011
City	State Zip Code	Transaction ID : SA11AI.15746
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation	contribution
Receipt For:	physician	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15965
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	4
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	900.00	
SUBTOTAL of Receipts This Page (optional	al)	300.00
, , ,	<u> </u>	
TOTAL This Period (last page this line num	nber only)	

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

							PAGE 374 OF				
(0	he	ck only	or	ne)							
X 11a 11b						11c		12			
		13		14		15		16		17	

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares  Mailing Address 2302 Red River Drive  City	State Zip Code	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16183
Mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78572  C Occupation physician	Amount of Each Receipt this Period  100.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)  Dr. Theresa Valladares  Mailing Address 2302 Red River Drive		Date of Receipt
City  Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.16407  Amount of Each Receipt this Period  100.00
Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1100.00	- contribution
Full Name (Last, First, Middle Initial)  Dr. Theresa Valladares  Mailing Address 2302 Red River Drive  City	State Zip Code	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16638
Mission  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78572  C  Occupation physician  Aggregate Year-to-Date ▼  1200.00	Amount of Each Receipt this Period  100.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	NUMBER	: PAGE	375 OF	435						
(check only one)										
<b>X</b> 11a	11b	11c	12							
13	14	15	16	17						

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Jose Vasquez  Mailing Address 2548 Palm Circle		Date of Receipt
City rio grande city	State Zip Code TX 78582	07 15 2011  Transaction ID : SA11AI.15439  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	
Full Name (Last, First, Middle Initial)  Jose Vasquez  Mailing Address 2548 Palm Circle		Date of Receipt  M M / D D / Y D D Y D D A D D A D D D A D D D D D D
City rio grande city  FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.15747  Amount of Each Receipt this Period  250.00
Name of Employer selfemployed  Receipt For:  Primary  General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jose Vasquez	2000.00	Date of Receipt
Mailing Address 2548 Palm Circle		09 09 2011
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.15966  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2250.00	- CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		750.00
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 Detailed Summary Page	X 11a 11b	11c
zotanou ourmiury i ugo	12 14	7,5

376 OF

12 16 435

or for commercial purposes, other than usin	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 FEDER	AL PAC	
Full Name (Last, First, Middle Initial)  A. Jose Vasquez		Date of Receipt
Mailing Address 2548 Palm Circle		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16184
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Jose Vasquez		Date of Receipt
Mailing Address 2548 Palm Circle		11 10 2011
City	State Zip Code	Transaction ID : SA11AI.16408
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  C. Jose Vasquez		Date of Receipt
Mailing Address 2548 Palm Circle		12 092011
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.16639
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General  Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (options	al)	750.00
	nber only)	

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

FOR	PAGE	: 3	// OF	- 4	435					
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16		17	

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt
	City McAllen	State Zip Code TX 78503	07 15 2011  Transaction ID : SA11AI.15532
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1750.00	contribution
В.	Full Name (Last, First, Middle Initial)  Dr. Efraim Vela  Mailing Address 100 E. Ridge Road #B		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 federal political committee.	State Zip Code TX 78503	Amount of Each Receipt this Period  250.00
	Name of Employer selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  2000.00	contribution
C.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15967
	McAllen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	TX 78503  C Occupation physician	Amount of Each Receipt this Period 250.00 contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
S	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
Т	OTAL This Period (last page this line number of	only)	

FOR LI	NE NU	JMBER	PAGE	3	78 OF	•	435			
(check only one)										
X 118	a 🗌	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 (Last, First, Middle Initial)  Dr. Efraim Vela  Mailing Address 100 E. Ridge Road #B		Date of Receipt
City	State Zip Code	10 14 2011 Transaction ID : SA11AI.16185
McAllen FEC ID number of contributing	TX 78503	Amount of Each Receipt this Period 250.00
federal political committee.  Name of Employer	Occupation	contribution
selfemployed  Receipt For:  Primary General	physician  Aggregate Year-to-Date ▼  2500.00	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	2500.00	Date of Descipt
Mailing Address 100 E. Ridge Road #B		Date of Receipt  11 10 2011
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		12 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.16640  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 379 OF 435

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	′	11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	pur	pose o	f so	oliciting	COI	ntributio	ons	

A or for commercial purposes, other than 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) Mr. Rolando Velazquez Date of Receipt Mailing Address Rt 2 Box 658 2011 07 15 City State Zip Code Transaction ID: SA11AI.15533 TX 78580 Raymondville Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Rolando Velazquez Date of Receipt Mailing Address Rt 2 Box 658 80 18 2011 City State Zip Code Transaction ID: SA11AI.15749 TX Raymondville 78580 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Rolando Velazquez Date of Receipt Mailing Address Rt 2 Box 658 09 09 2011 Zip Code City State Transaction ID: SA11AI.15968 TX Raymondville 78580 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

F	OR	LINE	NU	MBER	PAGE	3	80 OF	•	435			
(check only one)												
	X	11a		11b	11c		12					
	H H H							· -	_	1		
		13		14	15		16		17			

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.				
BORDER HEALTH FEDER	AL PAC					
Full Name (Last, First, Middle Initial)  Mr. Rolando Velazquez		Date of Receipt				
Mailing Address Rt 2 Box 658		10 14 2011				
City	State Zip Code	Transaction ID : SA11AI.16186				
Raymondville	TX 78580	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	Aggregate real-to-Date ▼					
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial)  Mr. Rolando Velazquez		Date of Receipt				
Mailing Address Rt 2 Box 658	11 10 2011					
City	City State Zip Code					
Raymondville	TX 78580	Transaction ID : SA11AI.16410				
•	7,000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	550.00					
Full Name (Last, First, Middle Initial)  . Mr. Rolando Velazquez		Date of Possint				
Mailing Address Rt 2 Box 658		Date of Receipt				
011		12 09 2011				
City Raymondville	State Zip Code TX 78580	Transaction ID : SA11AI.16641				
· · ·	7000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	Š Š					
Name of Employer	Name of Employer Occupation					
selfemployed						
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	600.00					
SUBTOTAL of Receipts This Page (option	al)	150.00				
Sing (option						
TOTAL This Period (last page this line nul	mber only)					

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

FOR LINE NUMBER: PAGE 381 OF (check only one)

X 11a 11b 11c 12

435

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 (Last, First, Middle Initial) Ramiro Verdoreen Date of Receipt Mailing Address 301 E. Newport 2011 07 City State Zip Code Transaction ID: SA11AI.15534 TX 78501 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ramiro Verdoreen Date of Receipt Mailing Address 301 E. Newport 80 18 2011 City State Zip Code Transaction ID: SA11AI.15750 TX 78501 mcallen Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify) C.

	,	
Full Name (Last, First, Middle Initial) Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15969
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3600.00	

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

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

1200.00

FC	R LINE	PAGE	3	82 OF	•	435		
(ch	(check only one)							
	<b>X</b> 11a	11b		11c		12		
	13	14		15		16		17

	the name and address of any political committee t	
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Ramiro Verdoreen		Date of Receipt
Mailing Address 301 E. Newport		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16187
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial)  Ramiro Verdoreen  Mailing Address 301 E. Newport		Date of Receipt
City	State Zip Code	11 10 2011
mcallen	TX 78501	Transaction ID : SA11AI.16411
	70001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name (Last, First, Middle Initial)  Ramiro Verdoreen	·	Date of Receipt
Mailing Address 301 E. Newport		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16642
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	4800.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numb	<u>`</u>	

FOR LINE NUMBER:					PAGE	3	83 OF		435	
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and address of any political committee to	o solicit contributions from such committee.					
BORDER HEALTH FEDERAL	PAC						
Full Name (Last, First, Middle Initial)  Carlos Villalta		Date of Receipt					
Mailing Address P. O. Box 1632		07 15 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.15535					
mission	TX 78573	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify) ▼	875.00						
Full Name (Last, First, Middle Initial)  3. Carlos Villalta		Date of Receipt					
Mailing Address P. O. Box 1632		08 18 _2011 _					
City	State Zip Code						
mission	TX 78573	Transaction ID : SA11AI.15751  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify) ▼	1000.00						
Full Name (Last, First, Middle Initial) C. Carlos Villalta		Date of Receipt					
Mailing Address P. O. Box 1632		09 09 2011					
City	State Zip Code	Transaction ID : SA11AI.15970					
mission	TX 78573	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General Other (specify) ▼	1125.00						
SUBTOTAL of Receipts This Page (optional)		375.00					
TOTAL This Period (last page this line numbe	<u> </u>						

FOR LINE	MOMBER:	PAGE	: 384 UF	435
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial)  Carlos Villalta		Date of Receipt
Mailing Address P. O. Box 1632		10 14 2011
City	State Zip Code	Transaction ID : SA11AI.16188
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)  Carlos Villalta	•	Date of Receipt
Mailing Address P. O. Box 1632		M = M / D = D / Y = Y = Y = Y = Y = 11
City	State Zip Code	Transaction ID : SA11AI.16412
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	
Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt
Mailing Address P. O. Box 1632		12 09 2011
City	State Zip Code	Transaction ID : SA11AI.16643
mission	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional	) <b>&gt;</b>	375.00
TOTAL This Period (last page this line num	<u> </u>	

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

FOR LINE NUMBER:					PAGE	3	85 OF	•	435
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  A. Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana Suite 4		07 15 2011
City	State Zip Code	Transaction ID : SA11AI.15536
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	159.76
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	962.38	
Full Name (Last, First, Middle Initial)  Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana		M = M / D = D / Y = Y = Y
Suite 4	State 7:- O-J	08 18 2011
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.15752
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.29
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1092.67	
Full Name (Last, First, Middle Initial)  C. Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana Suite 4		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.15971
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	147.50
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	1240.17	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	437.55
TOTAL This Period (last page this line number	er only)	

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

l	FOF	PAGE	3	86 OF		435				
l	(check only one)									
l	×	11a		11b		11c		12		
l		13		14		15		16		17

or		name and address of any political committee to	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4	M = M / D = D / Y = Y = Y = Y = 10 14 2011	
	City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16189  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	115.54
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  1355.71	
В.	Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana		Date of Receipt
	Suite 4 City mcallen	State Zip Code TX 78504	11 10 2011  Transaction ID : SA11AI.16413  Amount of Foods Possint this Possind
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  103.25
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.96	
<del></del> С.	Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
	Mailing Address 801 E. Nolana Suite 4		12 09 / 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.16644  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	110.62
	Name of Employer selfemployed	Occupation physician	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1569.58	
s	SUBTOTAL of Receipts This Page (optional)		329.41
т	OTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 387 OF Use separate schedule(s) for each category of the (check only one) X 11a 11b 11c 12 Detailed Summary Page 13 16 14 15

435

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 F	PAC	
Full Name (Last, First, Middle Initial)  Victor Villarreal  Mailing Address 901 W. Moore		Date of Receipt
City	State Zip Code	07 15 2011 Transaction ID : SA11AI.15537
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	130.61
Name of Employer selfemployed	Occupation physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  786.79	
Full Name (Last, First, Middle Initial)  Victor Villarreal  Mailing Address 901 W. Moore		Date of Receipt
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	08 18 2011  Transaction ID : SA11AI.15753  Amount of Each Receipt this Period  106.52  contribution
Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  893.31	CONTINUED I
Full Name (Last, First, Middle Initial)  Victor Villarreal  Mailing Address 901 W. Moore		Date of Receipt
City pharr	State Zip Code TX 78577	09 09 2011  Transaction ID : SA11AI.15972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.58
Name of Employer selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1013.89	contribution
SUBTOTAL of Receipts This Page (optional)		357.71
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 388 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

' ' ' '			IVIDEI	•	1.7.00		00 0.				
(che	(check only one)										
×	11a		11b	11c		12					
	13		14		15		16		17		

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)  A, Victor Villarreal  Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  Name of Employer Primary General Other (specify) ▼ 1108.35  Full Name (Last, First, Middle Initial)  B. Victor Villarreal  Nailing Address 901 W. Moore  City Pharr TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C Victor Villarreal  Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C Victor Villarreal  Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C Victor Villarreal  Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX 78577  FEC ID number of contributing federal political committee.  C State Zip Code TX	or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
A. Victor Villarreal  Mailing Address 901 W. Moore  City pharr Tx 78577  FEC ID number of contributing federal political committee.  Name of Employer		, ,	PAC	
Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For:  Other (specify) ▼	Α.	Victor Villarreal  Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General	TX 78577  C Occupation physician Aggregate Year-to-Date ▼  1108.35	10 14 2011  Transaction ID: SA11AI.16190  Amount of Each Receipt this Period  94.46
pharr TX 78577  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Transaction ID : SA11Al.16645  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID : SA11Al.16645  Amount of Each Receipt this Period  Contribution  Date of Receipt  Transaction ID : SA11Al.16645  Amount of Each Receipt this Period  Coupation  Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	B.	Victor Villarreal Mailing Address 901 W. Moore	State Zin Code	11 10 / Y Y 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 selfemployed physician  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  C. Victor Villarreal Mailing Address 901 W. Moore  City pharr TX 78577  FEC ID number of contributing federal political committee.  Name of Employer selfemployed physician  Receipt For:  Name of Employer State Zip Code TX 78577  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Physician  Receipt For:  Primary General Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼				
Selfemployed physician  Receipt For:  Primary General Other (specify) ▼  C. Victor Villarreal  Mailing Address 901 W. Moore  City State Zip Code TX 78577  FEC ID number of contributing federal political committee.  Name of Employer Selfemployed Receipt For:  Primary General  City State Zip Code Transaction ID: SA11Al.16645  Amount of Each Receipt this Period  Cocupation physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	•	FEC ID number of contributing	C	84.41
Mailing Address 901 W. Moore  City		selfemployed  Receipt For: Primary General	physician  Aggregate Year-to-Date ▼	contribution
pharr  TX 78577  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer  Selfemployed  Receipt For:  Primary  General  Amount of Each Receipt this Period  C  90.44  contribution	C.	Victor Villarreal		M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer  Selfemployed  Receipt For:  Primary  General  Amount of Each Receipt this Period  90.44  contribution				
Name of Employer  selfemployed  Receipt For:  Primary  General  Occupation  physician  Aggregate Year-to-Date ▼		FEC ID number of contributing		90.44
Receipt For:  Aggregate Year-to-Date ▼  Primary General		Name of Employer	Occupation	contribution
Primary General Aggregate Teal-to-Date ▼			physician	
		Primary General		
SUBTOTAL of Receipts This Page (optional)				269.31

FOR LINE NUMBER: PAGE 389 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13 14 15

435

12

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  A. Roger Vitko  Mailing Address 1017 south 1st		Date of Receipt
City mcallen	State Zip Code TX 78502	07 15 2011  Transaction ID : SA11AI.15538  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1050.00	- contribution
Full Name (Last, First, Middle Initial)  Roger Vitko  Mailing Address 1017 south 1st		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 TX 78502	Transaction ID : SA11AI.15754  Amount of Each Receipt this Period  150.00
Name of Employer self-employed  Receipt For: Primary General	Occupation physician  Aggregate Year-to-Date ▼	contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Roger Vitko  Mailing Address 1017 south 1st	1200.00	Date of Receipt  09 09 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.15973  Amount of Each Receipt this Period  150.00
Name of Employer self-employed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  1350.00	contribution
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 390 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

435

NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERA	the name and address of any political committee  L PAC	to constitutions from such committee.
Full Name (Last, First, Middle Initial)  A. Roger Vitko  Mailing Address 1017 south 1st		Date of Receipt  10 14 2011
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  1500.00	Transaction ID : SA11AI.16191  Amount of Each Receipt this Period  150.00  contribution
Full Name (Last, First, Middle Initial)  Roger Vitko  Mailing Address 1017 south 1st  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  1650.00	Date of Receipt  11 10 2011  Transaction ID : SA11AI.16415  Amount of Each Receipt this Period  150.00  contribution
Full Name (Last, First, Middle Initial) Roger Vitko  Mailing Address 1017 south 1st  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For:  Primary Other (specify)	State Zip Code TX 78502  C  Occupation physician  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  12 09 2011  Transaction ID : SA11AI.16646  Amount of Each Receipt this Period  150.00  contribution
SUBTOTAL of Receipts This Page (optional	)	450.00

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

FOR L	INE NU	IMBER	PAGE	3	91 OF	435	
(check	only or	ne)					
X 11	la 📗	11c		12			
13	3	14		15		16	17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow  apt 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  1750.00	Date of Receipt  07 15 2011  Transaction ID : SA11AI.15539  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Raymond Walker  Mailing Address 1117 Shallow	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2000.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow apt 4  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15974  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	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 I	NU	MBER	PAGE	3	92 OF	•	435	
(check only one)										
	X	11c		12						
		13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Raymond Walker  Mailing Address 1117 Shallow  apt 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary  Other (specify)   Eull Name (Last, First, Middle Initial)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16192  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Raymond Walker  Mailing Address 1117 Shallow	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16416  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Raymond Walker  Mailing Address 1117 Shallow  apt 4  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation private investor  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12 09 2011  Transaction ID: SA11AI.16647  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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

	_		_	MBER	PAGE	3	93 OF	435	
(0	che	ck only	or	ne)					
	X	11a		11b		11c		12	
		13		14		15		16	17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud		Date of Receipt
City mcallen	State Zip Code TX 78504	07 15 2011  Transaction ID : SA11AI.15540  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	144.36 contribution
self-employed  Receipt For:  Primary General  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  869.62	
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud		Date of Receipt  08 18 2011
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.15756  Amount of Each Receipt this Period  117.73
Name of Employer self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  987.35	contribution
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud  City	State Zip Code	Date of Receipt  09 09 2011  Transaction ID: SA11AI.15975
mcallen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1120.63	contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	395.37
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 394 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

	OH	LIIVL	IVO	IVIDLI	IIAGL		J- U		100		
(c	(check only one)										
	X	11a		11b	11c		12				
		13		14		15		16		17	

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud		Date of Receipt	
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer self-employed	State Zip Code TX 78504  C  Occupation private investor	Transaction ID : SA11AI.16193  Amount of Each Receipt this Period  104.40  contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1225.03		
Full Name (Last, First, Middle Initial)  3. James Webb  Mailing Address 312 Redbud	Date of Receipt  11 10 2011		
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16417  Amount of Each Receipt this Period  93.30	
Name of Employer self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1318.33	- contribution	
Full Name (Last, First, Middle Initial)  James Webb  Mailing Address 312 Redbud		Date of Receipt	
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16648  Amount of Each Receipt this Period  99.96	
Name of Employer self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor  Aggregate Year-to-Date ▼  1418.29	contribution	
SUBTOTAL of Receipts This Page (optional	)	297.66	
	per only)		

FOR LINE NUMBER: PAGE 395 OF Use separate schedule(s) (check only one) X 11a 11b 11c

435

for each category of the 12 Detailed Summary Page 14 13 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 (Last, First, Middle Initial) Patrick Wilcox Date of Receipt Mailing Address 111 Rio Grande 07 2011 15 City State Zip Code Transaction ID: SA11AI.15541 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Wilcox Date of Receipt Mailing Address 111 Rio Grande 08 2011 18 City State Zip Code Transaction ID: SA11AI.15757 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Wilcox Date of Receipt Mailing Address 111 Rio Grande 09 09 2011 City State Zip Code Transaction ID: SA11AI.15976 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

- 9

9

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

	FOR LINE NUMBER:			GE 396 OF	435
(check only one)					
	<b>X</b> 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 F	PAC		
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt	
City	10 14 2011		
mission	State Zip Code TX 78572	Transaction ID : SA11AI.16194  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	100.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00		
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Bio Crando		Date of Receipt	
Mailing Address 111 Rio Grande  City mission	State Zip Code TX 78572	11 10 2011  Transaction ID : SA11AI.16418  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		
Full Name (Last, First, Middle Initial)  Patrick Wilcox	Date of Receipt		
Mailing Address 111 Rio Grande	12 09 2011		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16649  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	100.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
SUBTOTAL of Receipts This Page (optional)		300.00	
TOTAL This Period (last page this line number	only)		

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

					MBER	:	PAGE	3	97 OF	435
(check only one)										
	[:	X	11a		11b		11c		12	
			13		14		15		16	17

	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt    M
Full Name (Last, First, Middle Initial)  Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16195  Amount of Each Receipt this Period  200.00  contribution
Full Name (Last, First, Middle Initial)  Subbarrao Yarra  Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer  Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	·····	600.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE	NUMBER	: PAGE	398 OF	435
(check only	/ one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using	the name and address of any political committee t			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial)  A. Subbarrao Yarra		Date of Receipt		
Mailing Address 6905 N. Cynthia		12 09 2011		
City	State Zip Code	Transaction ID : SA11AI.16650		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	200.00		
Name of Employer	Occupation	contribution		
Self-employed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00			
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski  Mailing Address 6804 N. 1st		Date of Receipt  07 15 2011		
City	State Zip Code	Transaction ID : SA11AI.15542		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00			
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski		Date of Receipt		
Mailing Address 6804 N. 1st		08 18 2011		
City	State Zip Code	Transaction ID : SA11AI.15758		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00 contribution		
Name of Employer	Name of Employer Occupation			
selfemployed	physician			
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	2000.00			
SUBTOTAL of Receipts This Page (optional	)	700.00		
TOTAL This Period (last page this line num	ber only)			

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

FO	PAGE	: 3	99 OF	435				
(check only one)								
>	11a		11b		11c		12	
	13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski  Mailing Address 6804 N. 1st  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed	State Zip Code TX 78504  C  Occupation physician	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15978  Amount of Each Receipt this Period  250.00  contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski  Mailing Address 6804 N. 1st  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16196  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski  Mailing Address 6804 N. 1st  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 10 2011  Transaction ID: SA11AI.16420  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	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 NUMBER:						PAGE	4	00 OF	•	435
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial)  Dr. Christopher Zaleski  Mailing Address 6804 N. 1st  City	Date of Receipt  12 09 2011  Transaction ID: SA11Al.16651	
mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3000.00	Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Hugo Zapata  Mailing Address 316 Xenops  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  07
Full Name (Last, First, Middle Initial)  Hugo Zapata  Mailing Address 316 Xenops  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504  C  Occupation physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  08 18 2011  Transaction ID: SA11AI.15759  Amount of Each Receipt this Period  400.00  contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line number	r only)	45

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

					PAGE	4	01 OF	٠.	435
(che									
×	11a		11b		11c		12		
	13		14		15		16		17

	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial) Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt		
City mcallen	State Zip Code TX 78504	09 09 2011  Transaction ID : SA11AI.15979  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00			
Full Name (Last, First, Middle Initial)  3. Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt		
City mcallen	State Zip Code TX 78504	10 14 2011  Transaction ID : SA11AI.16197  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00			
Full Name (Last, First, Middle Initial) L Hugo Zapata		Date of Receipt		
Mailing Address 316 Xenops		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16421  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  4400.00	- contribution		
SUBTOTAL of Receipts This Page (optional)		1200.00		
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	: PAGE	E 402 OF	435
(check onl	y one)			
<b>X</b> 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 F	PAC			
Full Name (Last, First, Middle Initial)  Hugo Zapata  Mailing Address 316 Xenops		Date of Receipt		
City	State Zip Code	12 09 2011 Transaction ID : SA11AI.16652		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00			
Full Name (Last, First, Middle Initial)  3. Dr. Livania Zavala-Spinetti  Mailing Address 400 F Carrell		Date of Receipt		
Mailing Address 109 E Cornell  City	State Zip Code	09 09 2011 Transaction ID: SA11Al.15980		
McAllen	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer selfemployed	Occupation self-employee physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00			
Full Name (Last, First, Middle Initial) Dr. Livania Zavala-Spinetti		Date of Receipt		
Mailing Address 109 E Cornell		10 14 2011		
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.16198  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer selfemployed	Occupation self-employee physician	contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00			
SUBTOTAL of Receipts This Page (optional)		450.00		
TOTAL This Period (last page this line number	only)			

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

FOF	R LINE	NU	MBER	:	PAGE	4	03 OF	435
(che	ck only	or	ne)					
X	11a		11b		11c		12	
	13		14		15		16	17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Dr. Livania Zavala-Spinetti  Mailing Address 109 E Cornell		Date of Receipt  11 10 2011
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16422  Amount of Each Receipt this Period  25.00
Name of Employer selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation self-employee physician  Aggregate Year-to-Date ▼  275.00	- contribution
Full Name (Last, First, Middle Initial)  3. Dr. Livania Zavala-Spinetti  Mailing Address 109 E Cornell	Chale	Date of Receipt  12 09 2011
City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.16653  Amount of Each Receipt this Period  25.00
Name of Employer selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation self-employee physician  Aggregate Year-to-Date ▼  300.00	- contribution
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City	State Zip Code	Date of Receipt  07 15 2011  Transaction ID: SA11AI.15545
Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  525.00	Amount of Each Receipt this Period 75.00 contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	125.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 404 OF 435 Use separate schedule(s) for each category of the Detailed Summary Page

ı		LIIVL	IVO	IVIDEI		ITAGE		07 01		100		
	(check only one)											
	X	11a		11b		11c		12				
		13		14		15		16		17		

or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  08 18 2011  Transaction ID: SA11Al.15761  Amount of Each Receipt this Period  75.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  675.00	Date of Receipt  09 09 2011  Transaction ID : SA11AI.15981  Amount of Each Receipt this Period  75.00  contribution
Full Name (Last, First, Middle Initial)  Dr. Fuad Zayed  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  10 14 2011  Transaction ID: SA11AI.16199  Amount of Each Receipt this Period  75.00  contribution
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	·	225.00

FOR LINE NUMBER: PAGE 405 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

435

17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial)  A. Dr. Fuad Zayed		Date of Receipt
Mailing Address 1425 Sweet Lane		11 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.16423
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	825.00	
Full Name (Last, First, Middle Initial)  3. Dr. Fuad Zayed		Date of Receipt
Mailing Address 1425 Sweet Lane		M M / D D / Y Y Y Y Y
City	State Zip Code	12 09 2011 Transaction ID : \$41141 16654
Edinburg	TX 78539	Transaction ID : SA11AI.16654  Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial)	•	Date of Receipt
Mailing Address		Mam / Dad / Yayayay
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Autourt of Laori neceipt trils Period
Name of Employer	Occupation	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	-
SUBTOTAL of Receipts This Page (optional).		150.00
TOTAL This Period (last page this line number	er only)	222996.32

SC	CHEDULE B (FEC Form 3X)			EOD LINE	IE NUMBER: PAGE 406 OF 435							
	EMIZED DISBURSEMENTS		rate schedule(s)	(check only	NE NOMBEN.							
	LIVIIZED DIODOI (OLIVILIVIO		Category of the Summary Page	X 21b	2:	2 [	23		24	25	<u> </u>	
		Detailed S	Summary Page	27	2	3a	28b		28c	29	30	
Ar	y information copied from such Reports and Staten	nents may n	ot be sold or us	sed by any pers	on for	the pu	ırpose	of s	soliciting	contrib	utions	
	for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full)											
angle	BORDER HEALTH FEDERAL PAG											
$\angle$	Edit News (Leah Eine Add III Lean III											
٨	Full Name (Last, First, Middle Initial)				Date of Disbursement							
۸.	Ms Eliza Alvardo											
	Mailing Address 1303 W. Kiwi #4				1	)7		18	/ Y	2011	" Y	
	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -											
	City	State	Zip Code		т.	anear	rtion IF	) . e	B21B.1	6650		
	Pharr	TX	78577		''	unod(	,aon il	, . <del>3</del>	,DE 10.1	JUJ3		
	Purpose of Disbursement contract services - salary expenditure			001	Λ	nimt -	of [ == !-	D:-	h	ont #L-!-	Dorio -l	
	Candidate Name			001	Amo	Julii C	л ⊏acn	פוט ו	sbursem	ent (NIS	renoa	
	Candidate Name			Category/ Type			_			499	92.11	
	Office Sought: House Disbursen	nent For:		rype			1		- 7			
		Primary	General									
	President	Other (spec										
_	State: District:											
	Full Name (Last, First, Middle Initial)											
B.	Ms Eliza Alvardo				Dat	e of D	Disburs	eme	ent			
	-				1	- M		D	/ Y	YY	Y	
	Mailing Address 1303 W. Kiwi #4				07 20 2011							
	City S	State Zip Code										
	Pharr	TX	78577		Transaction ID : SB21B.16660					6660		
	Purpose of Disbursement											
	phone/IT services			001	Amo	Amount of Each Disbursement this Period						
	Candidate Name			Category/						2	94.17	
	Office Cought			Type		-	7	-	7		5 4.17	
	Office Sought: House Disbursen		Conoral									
		Primary Other (spec	General									
	State: District:	outer (spec										
_	Full Name (Last, First, Middle Initial)											
C.	Ms Eliza Alvardo				Dat	e of D	Disburs	eme	ent			
	- IVO Eliza / IIVal do					M		D		YY	Y	
	Mailing Address 1303 W. Kiwi #4				1	)7		29		2011		
	•	State	Zip Code		Tr	ansad	ction II	) : S	B21B.1	6664		
	Pharr Purpose of Disbursement	TX	78577									
	contract services - salary expenditure			001	Δm	nunt o	of Each	יות	sbursem	ant this	Period	
	Candidate Name			Category/	AIII	ount C	. Laci	וטונ	JUNI SEIII			
				Type			-			499	92.12	
	Office Sought: House Disbursen	nent For:					7		7			
	Senate	Primary	General									
	President	Other (spec	eify) 🔻									
_	State: District:											
١.										1027	78.40	
Ls	UBTOTAL of Disbursements This Page (optional)			······			7		- 7	1021	5.40	
۱,	OTAL This Period (last nage this line number only)											

SCHEDULE B (FEC Form 3X)		EOD LINE	NE NUMBER: PAGE 407 OF 435								
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TVOINIBETT.								
	for each category of the Detailed Summary Page	`X 21b	22 23 24 25 26								
	Detailed Suffillary Page	27	28a 28b 28c 29 30b								
Any information copied from such Reports and Statem	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions								
or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full)											
$ \; angle$ BORDER HEALTH FEDERAL PAC	·										
V		-									
Full Name (Last, First, Middle Initial)			Data of Dishursament								
A. Ms Eliza Alvardo			Date of Disbursement								
Mailing Address 1303 W. Kiwi #4			08 12 2011								
ag / taa			00 12 2011								
City	State Zip Code		Transaction ID - CD04D 40074								
Pharr	TX 78577		Transaction ID : SB21B.16674								
Purpose of Disbursement contract services - salary expenditure		Tani I									
		001	Amount of Each Disbursement this Period								
Candidate Name		Category/	4992.12								
Office Sought: House Disbursen	ont For:	Туре									
	Primary General										
	Other (specify)										
State: District:	<b>, , , , ,</b>										
Full Name (Last, First, Middle Initial)											
B. Ms Eliza Alvardo			Date of Disbursement								
			M M / D D / Y Y Y Y								
Mailing Address 1303 W. Kiwi #4			08 26 2011								
011.	7. 0.1.										
City S Pharr	State Zip Code TX 78577		Transaction ID : SB21B.16689								
Purpose of Disbursement	70077										
contract services - salary expenditure		001	Amount of Each Disbursement this Period								
Candidate Name		Category/	1000.10								
		Type	4992.12								
Office Sought: House Disbursem											
	Primary General										
President State: District:	Other (specify) ▼										
Full Name (Last, First, Middle Initial)  C. Ms Eliza Alvardo			Date of Disbursement								
o. IVIS EIIZA AIVAI UU			M M / D D / Y Y Y Y								
Mailing Address 1303 W. Kiwi #4			09 06 2011								
	State Zip Code		Transaction ID : SB21B.16694								
Pharr Purpose of Disbursement	TX 78577										
phone/IT services		001	Amount of Fook Dishumon 1911 D. 111								
Candidate Name			Amount of Each Disbursement this Period								
		Category/ Type	380.02								
Office Sought: House Disbursen	nent For:	- 7,50									
	Primary General										
President	Other (specify) ▼										
State: District:											
SUBTOTAL of Disbursements This Page (optional)			10364.26								

S	CHEDULE B (FEC Form 3X)			EOD LIVIE	NE NUMBER: PAGE 408 OF 435								
	EMIZED DISBURSEMENTS		arate schedule(s)	(check onl	_						00		
• •	LIMELD DIODOMOLIVILITIO		category of the Summary Page	` X 21b	·	22		23		24	25		26
		Detailed	Summary Fage	27		28a		28b	П	28c	29		30b
Ar	y information copied from such Reports and Staten	nents may r	not be sold or us	sed by any pers	son f	for the	pur	ose o	of so	liciting	contrib	utions	·
	for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
$ \; angle$	<b>BORDER HEALTH FEDERAL PAC</b>												
$\angle$													
	Full Name (Last, First, Middle Initial)				Ι.								
Α.	Ms Eliza Alvardo			'	Date of	Dis	sburse	ment	İ				
	Molling Address 4000 M Kind #4				+	M M	/		D	/ Y	Y   Y	Y	
	Mailing Address 1303 W. Kiwi #4				09		0:	9		2011			
	City	State	Zip Code										
	Pharr	TX	78577		Trans	acti	on ID	: SB	21B.16	696			
	Purpose of Disbursement				1								
	contract services - salary expenditure			001	/	Amount	of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name			Category/				-			400	0.11	
				Type			_	7	_	7	498	2.11	
	Office Sought: House Disbursen												
		Primary	General										
	President	Other (spec	cify) 🔻										
	State: District:				-								
Б	Full Name (Last, First, Middle Initial)				Ι.	D - 1 (	. D.						
В.	Ms Eliza Alvardo				'	Date of	_DIS	sburse	meni				
	Moiling Address 4000 W Kind #4				10 07 2011								
	Mailing Address 1303 W. Kiwi #4					10	٠.	Ū	1		2011	-	
	City	State	Zip Code			_							
	Pharr	TX	78577		Transaction ID : SB21B.16706								
	Purpose of Disbursement				1								
	contract services - salary expenditure			001	1	Amount	of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name		Category/							400	2.12		
				Type	]	_	-	7	-	7	433	2.12	
	Office Sought: House Disbursen												
		Primary	General										
	President State: District:	Other (spec	CITY) 🔻										
_					$\vdash$								
_	Full Name (Last, First, Middle Initial)				١,	Date of	Die	hurea	mani	+			
Ο.	Ms Eliza Alvardo				Ι.		Dis						
	Mailing Address 1303 W. Kiwi #4				1	10	/	2	1	/ Y	Y Y Y 2011	Y	
	Walling Address 1505 W. NIWI #4					10		-			2011		
	City	State	Zip Code			<b>-</b>		ID		045.40	740		
	Pharr	TX	78577			irans	acti	טו חס	: 56	21B.16	712		
	Purpose of Disbursement contract services - salary expenditure												
				001	/	Amount	of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name			Category/				-		-	490	2.11	
	Office County			Туре	4		_	7	_	7	700		
	Office Sought: House Disbursen												
	Senate	Primary	General										
	State: President State:	Other (spec	Jily) ▼										
	State. DISTRICT.												
_ ا	IIDTOTAL of Dishumon agets This Boss (as ii )									1497	6.34		
L	UBTOTAL of Disbursements This Page (optional)			·····				7		7	. 107	3.0	
+	OTAL This Pariod (last nage this line number only)												

S	CHEDULE B (FEC Form 3X)	l		FOR LINE	NE NUMBER: PAGE 409 OF 435								
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)								
			Summary Page	X 21b	22 28a	23 28b	24 28c	25 29	26 30b				
Λ.	ay information copied from such Departs and Chite-	l nonte mass	not he cold or										
	ly information copied from such Reports and Statem for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAC												
$\angle$	Full Name (Last, First, Middle Initial)												
Α.	Ms Eliza Alvardo				Date o	f Disburser	ment						
					M M	/ D	D / Y	Y	Υ				
	Mailing Address 1303 W. Kiwi #4				11	07		2011					
	City	State	Zip Code										
	Pharr	TX	78577		Trans	saction ID	SB21B.16	724					
	Purpose of Disbursement			1		–							
	contract services - salary expenditure  Candidate Name			001	Amoun	t of Each I	Disburseme	ent this I	Period				
	Candidate Name			Category/ Type				5095	5.54				
	Office Sought: House Disbursen	nent For:		1900		7	7						
		Primary	General										
		Other (spe	cify) 🔻										
_	State: District:												
В.	Full Name (Last, First, Middle Initial)  Ms Eliza Alvardo				Date of	f Disburser	ment						
-					M = M			Y	Υ				
	Mailing Address 1303 W. Kiwi #4				11 22 2011								
		State	Zip Code		Trans	saction ID	: SB21B.16	6732					
	Pharr Purpose of Disbursement	TX	78577		-								
	contract services - salary expenditure			001	Amount of Each Disbursement this Pe								
	Candidate Name			Category/	5305								
	Office County			Туре		7	7	5305	).9 <i>1</i>				
	Office Sought: House Disbursen Senate	nent For: Primary	General										
		Other (spe											
_	State: District:		- · ·										
_	Full Name (Last, First, Middle Initial)												
C.	Ms Eliza Alvardo					f Disburser							
	Mailing Address 1303 W. Kiwi #4				12	05		2011	Υ				
	,	State	Zip Code		Trans	saction ID	: SB21B.16	6744					
	Pharr Purpose of Disbursement	TX	78577		-								
	contract services - salary expenditure			001	Amoun	t of Each I	Disburseme	ent this I	Period				
	Candidate Name			Category/				5305					
	Office Cought	F		Type		7	7	5305	.30				
	Office Sought: House Disbursen Senate	nent For: Primary	General										
		Other (spe											
	State: District:	<b>\ 1</b>	•										
Г	'								-				
s	UBTOTAL of Disbursements This Page (optional)			·····		7	7	15707	.49				
  -	OTAL This David (last ware this the most to												
ΙĪ	OTAL This Period (last page this line number only).												

SCHEDULE B (FEC Form 3X)		FOR LINE	NE NUMBER: PAGE 410 OF 435							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	·							
	Detailed Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29							
Any information copied from such Reports and State	ments may not be sold or us									
or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
$ \; angle$ BORDER HEALTH FEDERAL PAG	2									
Full Name (Last, First, Middle Initial)		Ī								
A. Ms Eliza Alvardo			Date of Disbursement							
			M M / D D / Y Y Y	Y						
Mailing Address 1303 W. Kiwi #4			12 19 2011							
City	State Zip Code									
Pharr	TX 78577		Transaction ID : SB21B.16747							
Purpose of Disbursement contract services - salary expenditure		001	Amount of Each Disbursement thi	c Doriod						
Candidate Name			Amount of Each dispursement thi	5 FEII00						
		Category/ Type	53	305.97						
Office Sought: House Disburser	ment For:									
Senate	Primary General									
State: District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
B. ATT			Date of Disbursement							
Mailling Address To To To			M = M / D = D / Y = Y = Y							
Mailing Address P.O. Box 930170			10 13 2011							
•	State Zip Code		Transaction ID : SB21B.16710							
Dallas Purpose of Disbursement	TX 75393									
telephone land lines expenditure		001	Amount of Each Disbursement this Pe							
Candidate Name		Category/	470							
Office Cought		Туре		179.49						
Office Sought: House Disburser Senate	nent For:  Primary  General									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)										
C. ATT			Date of Disbursement							
Mailing Address P.O. Box 930170			11 16 2011	Y						
City Dallas	State Zip Code TX 75393		Transaction ID : SB21B.16725							
Purpose of Disbursement	10090									
telephone land lines expenditure		001	Amount of Each Disbursement thi	s Period						
Candidate Name		Category/	2	234.75						
Office Sought: House Disburse	ment For:	Туре								
Senate	Primary General									
President	Other (specify) ▼									
State: District:										
			60	20.21						
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		20.21						
TOTAL This Period (last page this line number only)	1	_								

S	CHEDULE B (FEC Form 3X)			FOR LINE I	IE NUMBER: PAGE 411 OF 435								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	·								
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b				
Δr	ny information copied from such Reports and Statem	l nents may	not be sold or use										
	for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAC												
$\angle$	Full Name (Last, First, Middle Initial)			<u> </u>									
Α.	Cameo Parking Systems Inc				Date of	Disburse	ment						
					M M	/ D	D / Y	Y Y	Υ				
	Mailing Address 1311 E. Hackberry Avenue				12	16	i	2011					
	City	State	Zip Code										
	McAllen	TX	78501		Trans	action ID	: SB21B.16	739					
	Purpose of Disbursement In-Kind contribution - dewhurst - senate			10.1		. –							
	Candidate Name			003	Amount	of Each	Disburseme	ent this I	Period				
	DAVID H DEWHURST			Category/ Type				774	1.53				
		nent For:	2012	1,700		7	- 7						
		Primary	General										
		Other (spe	ecify) 🔻										
_	State: TX District: 00												
В.	Full Name (Last, First, Middle Initial)  CopyPlus				Date of	Disburse	ment						
					M = M	/ D		Y	Υ				
	Mailing Address 4500 N. 10th suite 240	State Zip Code TX 78504				09 06 2011							
	•					action ID	: SB21B.16	693					
	Purpose of Disbursement	1/	70004										
	offices supplies & furniture/fixtures			001	Amount of Each Disbursement this Period								
	Candidate Name			Category/	19								
	Office Sought: House Disbursem	nent For		Туре		,	- 1						
		Primary	General										
	President	Other (spe	cify)										
_	State: District:												
_	Full Name (Last, First, Middle Initial)				Date of	Disburse	ment						
٥.	Ms Sandra Escamilla				M M	/ D		Y Y	Υ				
	Mailing Address 1418 Quince				07	15		2011					
	City	State	Zin Codo										
	,	State TX	Zip Code 78504		Trans	action ID	: SB21B.16	658					
	Purpose of Disbursement												
	contract services - salary expenditure  Candidate Name			001	Amount	of Each	Disburseme	ent this I	Period				
	Candidate Name			Category/ Type				1375	5.72				
	Office Sought: House Disbursem	nent For:		- 7 7 7		,	7						
		Primary	General										
		Other (spe	ecify) 🔻										
	State: District:												
	SUBTOTAL of Disbursements This Page (optional)							2345	.69				
$\vdash$	DISTRICT DISDUISEMENTS THIS FAGE (OPTIONAL)			·····	-	-	7		#				
Т	OTAL This Period (last page this line number only).			·····•		,	7						

S	CHEDULE B (FEC Form 3X)		IINE	NE NUMBER: PAGE 412 OF 435									
	EMIZED DISBURSEMENTS	Use separate sch	` '	1		only one)							
11	LIVIIZED DISBURSEWIEN IS	for each category		١,	21b	22		23	24	25		26	
		Detailed Summary	y Page		27	28a	$\vdash$	28b	28c			30b	
Λ.	ny information conied from such Deports and Ct-t-	monte mou not be as	old or was	l by con			D. I						
	ny information copied from such Reports and Stater for commercial purposes, other than using the name												
٣	NAME OF COMMITTEE (In Full)		, pointious	· Johnnill		20010 001			5111 50	0011111			
	• • •	_											
/	BORDER HEALTH FEDERAL PAG	,											
<u></u>	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla					Date of	Dis	bursei	ment				
	wis Garidra Escarrilla			M	,	D		Y   Y   Y					
	Mailing Address 1418 Quince			07	'	29		2011	- 1				
	-												
	City	State Zip Co	de			T		- I	. 00045	16000			
	McAllen	TX 78504				ırans	actio	on ID	: SB21B	.10066			
	Purpose of Disbursement				$\neg$								
	contract services - salary expenditure			001		Amount	t of I	Each I	Disburse	ement this	s Perio	d	
	Candidate Name			Categor	y/			-			52 57		
				Type				,	7	4	52.57		
	Office Sought: House Disburser												
	Senate		eneral										
	President	Other (specify) ▼											
	State: District:												
	Full Name (Last, First, Middle Initial)												
В.	Ms Sandra Escamilla					Date of	Dis	burse	ment				
						M = M	/	D		Y - Y - Y	Y		
	Mailing Address 1418 Quince					08		90	3	2011			
		<u> </u>											
		State Zip Co				Transaction ID : SB21B.166							
	McAllen Purpose of Disbursement	TX 78504				_							
	contract services - salary expenditure			001 Amount of Each Disb					Dishurse	bursement this Period			
	Candidate Name					Amount	. 01 1	Lacii	o iobul St	ATTOTIC UIII	0 1 <del>C</del> 110	u	
	Canada Hamo			Categor	′y/			_		2	261.81		
	Office Sought: House Disburser	ment For:		Туре				7	,				
	Senate Disburser		eneral										
	President	Other (specify)	- iorai										
	State: District:	Caron (opcomy)											
_	Full Name (Last, First, Middle Initial)												
C	Ms Sandra Escamilla					Date of	Dis	bursei	ment				
٠.	IVIS SAHUTA ESCATTIIIA									V			
	Mailing Address 1418 Quince					08	/	15		2011	= Y		
						30				2011			
	City	State Zip Co	de						0561-	400=-			
	McAllen	TX 78504				Trans	acti	on ID	: SB21B	3.16679			
	Purpose of Disbursement			-	$\neg$								
	mileage expenditure			001		Amount	t of I	Each I	Disburse	ement this	s Perio	d	
	Candidate Name			Categor	γ/		-	-			04.01		
				Type	,				1 4		21.01		
	Office Sought: House Disburser	ment For:							,				
	Senate	Primary G	eneral										
	President	Other (specify) ▼											
_	State: District:												
Г	<u>-</u>							-	-		-		
s	SUBTOTAL of Disbursements This Page (optional)				•			m		7	35.39		
$\vdash$	2 ,								7	-	-	=	
Īτ	OTAL This Period (last page this line number only)	1											

S	CHEDULE B (FEC Form 3X)			FOR LINE	- NII	IMPED				PAGE	413	OF	435
	EMIZED DISBURSEMENTS		arate schedule(s)	(check onl						. ,		<u> </u>	.55
• •	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	·	22		23		24	25		26
		Detailed	Summary Page	27		28a	$\vdash$	28b	H	28c	29		30b
Ar	y information copied from such Reports and Staten	nents mav i	not be sold or us	sed by any ner	son	for the	purr	ose o	of sol	licitina	contrib	utions	<u></u>
	for commercial purposes, other than using the name												
$\setminus$	NAME OF COMMITTEE (In Full)												
$  \ \rangle$	BORDER HEALTH FEDERAL PAG												
$\angle$													
	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla					Date o	f Dis	sburse	ment	İ			
	Moiling Address 4440 October				+	M M	/		D .	/ Y	Y   Y	Y	
	Mailing Address 1418 Quince					08	٠.	20	0		2011	-	
	City	State	Zip Code		+								
	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.16	691		
	Purpose of Disbursement				1								
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name			Category/							65	8.20	
	000			Type				7		7		0.20	
	Office Sought: House Disburser Senate		Camanal										
	President	Primary Other (spec	General										
	State: District:	Other (spec	City) $\blacktriangledown$										
_	Full Name (Last, First, Middle Initial)				+								
В.						Date o	f Dis	burse	ment	t			
	We Carrara Eccarrina					M M		D	D .	/ Y	Y Y	Y	
	Mailing Address 1418 Quince					09		0	9		2011		
			Zip Code										
	•	State			Trans	sacti	on ID	: SB	21B.16	698			
	McAllen Purpose of Disbursement	TX	78504		4								
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name												
				Category/ Type				7		-	78	38.67	
	Office Sought: House Disbursen	nent For:	I		1								
		Primary	General										
		Other (spec	cify) 🔻										
_	State: District:				_								
_	Full Name (Last, First, Middle Initial)					Б.	, D:						
Ċ.	Ms Sandra Escamilla					Date o	t Dis	sburse	ment				
	Mailing Address 1418 Quince				+	10	/	0	D .	/ Y	Y   Y 2011	Y	
	Mailing Address 1418 Quince					10		Ū	_		2011		
	City	State	Zip Code			T		ar !P	. 05	240 42	700		
	McAllen	TX	78504			ırans	acti	טו חט	. 5B	21B.16	708		
	Purpose of Disbursement contract services - salary expenditure	<u> </u>		11									
				001		Amoun	t of	Each	Disb	urseme	nt this	Perio	bd
	Candidate Name			Category/							72	23.56	
	Office Sought: House Disburser	nent For		Туре	+	-	-	7		7			
	Senate Disburser	Primary	General										
	President	Other (spec											
	State: District:	( )	- · · ·										
Г	1						-	-	-		_	-	_
s	UBTOTAL of Disbursements This Page (optional)										217	0.43	
$\vdash$						_							
Ιτ	OTAL This Period (last nage this line number only)												

S	CHEDULE B (FEC Form 3X)			FOR LINE		MDED.				PAGE	414	OF 43	35
	EMIZED DISBURSEMENTS		arate schedule(s)	(check onl	_							<u> </u>	
11	LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	·	22		23		24	25	<u> </u>	26
		Detailed	Summary Page	27		28a	$\vdash$	28b	H	28c	29	Нз	30b
Ar	y information copied from such Reports and Staten	nents mav i	not be sold or us	sed by any ners	son f	or the	purr	ose o	of sol	citina	contrib	utions	
	for commercial purposes, other than using the name												
$\setminus$	NAME OF COMMITTEE (In Full)												
$  \ \rangle$	BORDER HEALTH FEDERAL PAG												
$\angle$													
	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla				[	Date of	Dis	burse	ment				
	Moiling Address 4440 October				-	M = M	/		D /	Y	Y   Y	Y	
	Mailing Address 1418 Quince				1	10		2	1		2011	-	
	City	State	Zip Code										
	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.16	713		
	Purpose of Disbursement				1								
	contract services - salary expenditure			001	A	Amount	of	Each	Disbu	ırseme	nt this	Period	
	Candidate Name			Category/							78	88.80	1
	000			Type	_ L	_		7	-	7	- 10	0.00	4
	Office Sought: House Disburser Senate		Camanal										
	President	Primary Other (spec	General										
	State: District:	Other (spec	City) $\blacktriangledown$										
_	Full Name (Last, First, Middle Initial)												
В.					[	Date of	Dis	burse	ment				
	We Carrara Eccarrina				l r	M = M	/	D	D /	Υ	Y Y	Y	
	Mailing Address 1418 Quince					11		0	_	L.	2011		
			Zip Code										
	•	State			Transaction ID : SB21B.16722								
	McAllen Purpose of Disbursement	TX	78504		_								
	contract services - salary expenditure			001	4	Amount	of	Each	Disbu	ırseme	nt this	Period	
	Candidate Name				l i								7
				Category/ Type				,		7	72	23.55	Ш
	Office Sought: House Disbursen	nent For:	I										
		Primary	General										
		Other (spec	cify) 🔻										
_	State: District:												
_	Full Name (Last, First, Middle Initial)				_	<b>.</b>							
Ċ.	Ms Sandra Escamilla					Date of	Dis	burse	ment				
	Mailing Address 1418 Quince				- [	м = м 11	/	18		Y	Y Y Y 2011	Y	
	Mailing Address 1418 Quince				L	1,1		1,	5		2011		
	City	State	Zip Code			<b>T</b>		15	00	04.0.40	700		
	McAllen	TX			irans	acti	סו on	: 2R	21B.16	726			
	Purpose of Disbursement contract services - salary expenditure												
				001	A	Amount	of	Each	Disbu	ırseme	nt this	Period	
	Candidate Name			Category/							137	5.95	1
	Office Sought: House Disburser	nent For:		Туре	4 4	-		,	_	7			
	Senate Disburser	Primary	General										
	President	Other (spec											
	State: District:	(-1	<i>₹</i>										
Г	l					_			-	-	_	-	7
s	UBTOTAL of Disbursements This Page (optional)							m		.00	288	8.30	
$\vdash$												ī	
ΙŦ	OTAL This Period (last nage this line number only)												

S	CHEDULE B (FEC Form 3X)				FOR	I INF	NUMBE	R:			PAG	E 415	OF ·	435
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	۱ I	(checl	k only	/ one) 22 23 24 25 2							
			Summary Page		×	21b					J [			26
_						27								30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													i
$\setminus$	NAME OF COMMITTEE (In Full)													
$ \rangle$	BORDER HEALTH FEDERAL PAC	)												
	Full Name (Last, First, Middle Initial)													
A.	Ms Sandra Escamilla							of D	isburse			Y	Υ	
	Mailing Address 1418 Quince						1:	2		)2	L	2011	Ш	
	City	State	Zip Code				Tra	neae	tion ID		B21B.16	2742		
	McAllen	TX	78504				IIa	iisac		. 3	D2 1 D. 1	0142		
	Purpose of Disbursement contract services - salary expenditure				001		Amo	unt o	f Each	Dis	burseme	ent this	Perio	od
	Candidate Name				ategor Type	ry/		I	4			137	5.96	
	Office Sought: House Disbursen	nent For:			- , ,									
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
R	Full Name (Last, First, Middle Initial)						Data	of D	isburse	ama	nt			
υ.	Ms Sandra Escamilla							M				YY	V	
	Mailing Address 1418 Quince							2 16 2011						
	,	State TX		Tra	nsac	tion IE	) : S	B21B.1	6745					
	McAllen Purpose of Disbursement	17	78504											
	contract services - salary expenditure				001		Amo	unt of	f Each	Dis	burseme	ent this	Perio	od
	Candidate Name			Ca	ategor	y/						72	3.56	П
					Type			-	7	_	7	12	3.30	_
	Office Sought: House Disbursen Senate		General											
		Primary Other (spec												
	State: District:	Otiloi (opoc	, <b>y</b> ) \(\psi\)											
_	Full Name (Last, First, Middle Initial)													
C.	Ms Sandra Escamilla						Date	of D	isburse	eme	nt			
	A CONTRACTOR OF THE CONTRACTOR						M	_	/ D		/ Y	0044	Υ	
	Mailing Address 1418 Quince						1:	2	3	80		2011	_	
	City	State	Zip Code								D04D 4	.==.		
	McAllen	TX	78504				ıra	nsac	tion IL	): 5	B21B.10	6/50		
	Purpose of Disbursement contract services - salary expenditure				201	$\neg$								
	Candidate Name				001		Amo	unt o	f Each	Dis	burseme	ent this	Perio	d
	Candidate Name				ategor Type	'y/						78	3.78	$\neg$
	Office Sought: House Disbursen	nent For:		<u> </u>	.,,,,,				7		7			-
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
_	State: District:													
												2888	3 3U	$\neg$
Ľ	GUBTOTAL of Disbursements This Page (optional)			•••••		<u> </u>		_	7		- 1	2000	,.00	
,	OTAL This Period (last page this line number only)								_					
1.									7		7			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 416 OF	435
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	7.00
	Detailed Summary Page	X 21b 27	22 23 24 25 28 28c 29	26 30b
Any information copied from such Reports and State	ments may not be sold or use			
or for commercial purposes, other than using the nati				_
NAME OF COMMITTEE (In Full)				
$ \; angle$ BORDER HEALTH FEDERAL PA	C			
Full Name (Last, First, Middle Initial)		-		
A. Girls Scouts of Greater South Tex	26		Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 1109 W. Nolana #202			08 12 2011	
City	State Zip Code			
McAllen	TX 78501		Transaction ID: SB21B.16678	
Purpose of Disbursement				
donation		012	Amount of Each Disbursement this Period	od
Candidate Name		Category/	10000.00	
Office Sought: House Disburse	ment For:	Туре	.333330	
Senate Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dishumannant	
B. Hope Family Health Center Clinic			Date of Disbursement	
Mailing Address 2332 Jordan			08 18 2011	
City	State Zip Code TX 78503	T	Transaction ID : SB21B.16684	
McAllen Purpose of Disbursement	TX 78503			
donation		012	Amount of Each Disbursement this Period	od
Candidate Name		Category/	5000.00	
000		Type	5000.00	
Office Sought: House Disburse Senate	ment For:  Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Internal Revenue Services			Date of Disbursement	
Mailing Addrass 224 25th Street			07 29 2011	
Mailing Address 324 25th Street			01 29 2011	
City	State Zip Code		Transaction ID : SB21B.16667	
Odgen Purpose of Disbursement	UT 84401		11411340tion ib . 30210.10007	
quarterly tax deposit - IRS		001	Amount of Each Dichura-mant this Dade	od
Candidate Name			Amount of Each Disbursement this Period	
		Category/ Type	10012.14	
	ment For:			
Senate President	Primary General			
State: District:	Other (specify) ▼			
5.50.				
SUBTOTAL of Disbursements This Page (optional).			25012.14	
				=
TOTAL This Period (last page this line number only	)			

# S 17

S	CHEDULE B (FEC Form 3X)				OP.	I INIE	. NII	JMBER	· ·			PAGE	= 417	OF 4	 435
	EMIZED DISBURSEMENTS		arate schedule(s)	\ I	_	k onl			١.						
••		Tor each	category of the Summary Page		X	21b	Γ	22		23		24	25		26
_		Botanea				27		28a		28b		28c	29		30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam														
F	NAME OF COMMITTEE (In Full)	io anu audi	oss of any politi	cai cui	1111111		0 8	OHOIL CC	יו ונו וג	JuliOHS	<i>3</i> 11 U	iii SuCII	COMMIN	ucc.	
$ \rangle$	BORDER HEALTH FEDERAL PAC														
_	Full Name (Last, First, Middle Initial)														
Α.	Internal Revenue Services							Date o			emer		Y Y	■ Y	
	Mailing Address 324 25th Street		7: 0 1					07	_	2	29	L	2011	_	
	City S Odgen	State UT	Zip Code 84401					Tran	sact	ion ID	: SI	B21B.16	668		
	Purpose of Disbursement		04401				+								
	quarterly tax deposit - IRS			(	001			Amour	nt of	Each	Disl	burseme	ent this	Perio	d
	Candidate Name			Cat	egoi ype	ry/			Ι	1		-	5	7.71	
		nent For: Primary Other (spe	General												
	State: District:	` '	· · ·												
	Full Name (Last, First, Middle Initial)														
В.	Internal Revenue Services							Date o			emer		Y	Y	
	Mailing Address 324 25th Street							08		2	29	L	2011		
	Odgen	State UT	Zip Code 84401				Transaction ID : SB21B.16692								
	Purpose of Disbursement quarterly tax deposit - IRS				001			Amount of Each Disbursement this Period							
	Candidate Name			Cat	egoi	ry/		, arriodi		Lucii	<i>D</i> 101	Sursome		78.91	
		nent For: Primary	General		ype					,		,			_
	State: President District:	Other (spec	cify) 🔻												
C.	Full Name (Last, First, Middle Initial) Internal Revenue Services							Date of	of Di	sburse	emer	nt			
	Mailing Address 324 25th Street							09	1 /		26	/ Y	2011	Y	
	,	State	Zip Code					Tran	sact	tion ID	) : SI	B21B.16	 3702		
	Odgen Purpose of Disbursement	UT	84401				-		•		٠.				
	quarterly tax deposit - IRS			(	001			Amour	nt of	Each	Disl	burseme	ent this	Perio	d
	Candidate Name			Cat T	egoi ype	ry/		Γ.	Ţ				739	5.97	٦
		nent For: Primary Other (spe	General							,		,			
_	State: District:					_			_		_				
s	UBTOTAL of Disbursements This Page (optional)					<b>&gt;</b>				1			1443	2.59	
_	OTAL This Period (last page this line number only)					•				4		45			

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 418 (	OF 435				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)								
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b				
۸.	ny information copied from such Reports and Statem	ante may	not he sold or us										
	for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
$  \rangle$	BORDER HEALTH FEDERAL PAC												
$\angle$	Full Name /Last First Middle Initial			ı									
Α.	Full Name (Last, First, Middle Initial)  Internal Revenue Services				Date of	Disburse	ment						
••					M I M	/ 0		Y	Υ				
	Mailing Address 324 25th Street	_ <del></del>	<u> </u>		10	21		2011					
	City	State	Zin Codo						_				
	City S Odgen	State UT	Zip Code 84401		Trans	action ID	: SB21B.16	6715					
	Purpose of Disbursement		• •										
	quarterly tax deposit - IRS			001	Amount	of Each	Disburseme	ent this	Period				
	Candidate Name			Category/				7268	3.48				
	Office Sought: House Disbursen	ent For-		Туре		-	7	. 200					
		Primary	General										
		Other (spe											
	State: District:												
	Full Name (Last, First, Middle Initial)												
В.	Internal Revenue Services				Date of	Disburse	ment						
	Mailing Address 204 25th Others				11 18 2011								
	Mailing Address 324 25th Street				11	18	o .	2011					
	-	State	Zip Code		Trans	action ID	: SB21B.10	6728					
	e age	UT	84401		iiaiis	aoaon ib	. 55216.19	20					
	Purpose of Disbursement quarterly tax deposit - IRS			001	Amount	of Fach	Disburseme	ent this	Period				
	Candidate Name					3. 20011	0.2 & . 001110						
				Category/ Type		-,-	-	6978	3.27				
	Office Sought: House Disbursen	nent For:											
		Primary	General										
	President State: District:	Other (spec	сіту) 🔻										
_	Full Name (Last, First, Middle Initial)												
C.	Ms Prisylla Jasso				Date of	Disburse	ment						
					M = M	/ D	D / Y	ΥΥ	Υ				
	Mailing Address 213 Quail Court		•		07	15		2011					
	City	Stato	Zin Codo										
	,	State TX	Zip Code 78502		Trans	action ID	: SB21B.10	6657					
	Purpose of Disbursement												
	contract services - salary expenditure			001	Amount	of Each	Disburseme	ent this	Period				
	Candidate Name			Category/				2322	2.18				
	Office Sought: House Disbursen	ent For:		Туре		7	7	_0_0					
		Primary	General										
		Other (spe											
_	State: District:												
	·							4.5					
5	SUBTOTAL of Disbursements This Page (optional)			······				16568	3.93				
T.													
17	<b>'OTAL</b> This Period (last page this line number only).						1 (0)						

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:			PAGE	419 C	)F 43	<u> </u>		
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(check only	_	ne) 22 23 24 25 2							
		Detailed Summary Pag		X 21b						26			
_		, ,		27						30	b		
	y information copied from such Reports and Staten for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAC												
	Full Name (Last, First, Middle Initial)												
Α.	Ms Prisylla Jasso				Date of	Disburse		Y	Y	Υ			
	Mailing Address 213 Quail Court				07	2	9	2	2011	_			
	•	State Zip Code			Trans	action ID	. SB2	1B 166	65				
	McAllen	TX 78502			ITALIS	action ib	. 362	.16.100	103				
	Purpose of Disbursement contract services - salary expenditure		١г	001	Amount	of Each	Disbu	ırsemer	nt this F	Period			
	Candidate Name			Category/ Type				7	1523	.28			
	Office Sought: House Disbursen	nent For:				,							
		Primary Genera	al										
		Other (specify) ▼											
_	State: District:										_		
B	Full Name (Last, First, Middle Initial)				Data of	Disburse	mont						
υ.	Ms Prisylla Jasso								V V	V			
	Mailing Address 213 Quail Court			08		2		2011	Y				
	City	State Zip Code			Transaction ID : SB21B.16675								
	McAllen	TX 78502			mans	action ib	. 002		,,,				
	Purpose of Disbursement contract services - salary expenditure		۱г	001	Amount	of Each	Disbu	ırsemer	nt this F	Period			
	Candidate Name			Category/ Type		521	.91						
	Office Sought: House Disbursen	nent For:		71		,							
		Primary Genera	al										
		Other (specify) ▼											
_	State: District:												
^	Full Name (Last, First, Middle Initial)				Data at	Dielerrae							
C.	Ms Prisylla Jasso					Disburse							
	Mailing Address 213 Quail Court				08	1	7		2011	Y			
	City	State Zip Code											
		TX 78502			Trans	action ID	: SB2	21B.166	81				
	Purpose of Disbursement												
	contract services - salary expenditure			001	Amount	of Each	Disbu	ırsemer	nt this F	Period			
	Candidate Name			Category/ Type					1230	.63			
	Office Sought: House Disbursen	nent For:						,					
		Primary Genera	al										
		Other (specify)											
	State: District:										_		
5	UBTOTAL of Disbursements This Page (optional)							<b>7</b>	3275	.82			
$\vdash$									-	-	i		
Т	OTAL This Period (last page this line number only)			·····•		,		7					

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 420 C	OF 435				
ΙT	EMIZED DISBURSEMENTS	Use separate sch for each category		(check only	-		23 24 25 2						
		Detailed Summar		<b>X</b> 21b	22				26				
_				27	28a				30b				
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL PAC	,											
_	Full Name (Last, First, Middle Initial)												
Α.	Ms Prisylla Jasso				Date of	Disburser		YYY	Y				
	Mailing Address 213 Quail Court				08	26	i	2011					
	City	state Zip Co	ode		Trans	action ID	SB21B.16	.eon					
	McAllen	TX 78502	2		Halls	action ib	. 36216.10	0090					
	Purpose of Disbursement contract services - salary expenditure			001	Amount	of Each I	Disburseme	ent this F	Period				
	Candidate Name			Category/ Type				1263	3.13				
	Office Sought: House Disbursen	nent For:				,	,						
		Primary G	General										
		Other (specify)											
_	State: District:												
B	Full Name (Last, First, Middle Initial)				Data of	Disburser	mont						
υ.	Ms Prisylla Jasso					_		YY	V				
	Mailing Address 213 Quail Court				09	09		2011	Y				
	•	state Zip Co			Trans	action ID	: SB21B.1	6697					
	McAllen	TX 78502	2										
	Purpose of Disbursement contract services - salary expenditure			001	Amount	of Each I	Disburseme	ent this F	Period				
	Candidate Name			Category/ Type				1523	3.28				
	Office Sought: House Disbursem	nent For:		71		,	,						
		,	General										
		Other (specify) ▼											
_	State: District:												
C.	Full Name (Last, First, Middle Initial)  Ms Prisylla Jasso				Date of	Disburser	ment						
	Wis i Hisylla dasso				M M	/ D	D / Y	YY	Υ				
	Mailing Address 213 Quail Court				10	07		2011					
	City	State Zip Co	ode		<b>T</b>		00040 4	0707					
	······································	TX 78502	2		irans	action ID	: SB21B.10	6/0/					
	Purpose of Disbursement contract services - salary expenditure			204									
	Candidate Name	001						ent this F	Period				
	Candidate Name			Category/ Type				1583	3.26				
	Office Sought: House Disbursem	nent For:		75-		-	- 1						
	Senate	Primary G	General										
	President	Other (specify)											
	State: District:												
								4260	67				
L	SUBTOTAL of Disbursements This Page (optional)			·····•		-		4369	.07				
١,	OTAL This Period (last page this line number only).												
ı'	TIND I OHOU (last page this line number only).						- 7						

S	CHEDULE B (FEC Form 3X)			$\neg$	FOR	IINF	NUMBE	R:			PAGI	E 421	OF	435
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	(checl	k only	_							
			Summary Page		×	21b	22		23		24	25		26
_						27	288		28b		28c	29		30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam													;
$\setminus$	NAME OF COMMITTEE (In Full)													
$ \rangle$	BORDER HEALTH FEDERAL PAC													
_	Full Name (Last, First, Middle Initial)													
A.	Ms Prisylla Jasso						Date		isburse			Y	Υ	
	Mailing Address 213 Quail Court						10	)	2	21	L	2011	_	
	,	State	Zip Code				Tra	near	tion ID		B21B.16			
	McAllen	TX	78502				114	1340	lion ib		DZ 1 D. 10	,, , , ,		
	Purpose of Disbursement contract services - salary expenditure				001		Amou	ınt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name				ategor Type	ry/			-		7	139	3.20	
	Office Sought: House Disbursen	nent For:							,					
		Primary	General											
		Other (spe	cify) 🔻											
_	State: District:													
R	Full Name (Last, First, Middle Initial)						Data	of D	isburse	amai	nt			
٥.	Ms Prisylla Jasso						M			D		Y	V	
	Mailing Address 213 Quail Court						1			)4		2011		
	-	State TX		Tra	nsac	tion IE	) : S	B21B.16	 3723					
	McAllen Purpose of Disbursement	17	78502											
	contract services - salary expenditure			Г	001		Amou	ınt of	Each	Dis	burseme	ent this	Perio	bd
	Candidate Name				ategor Type	y/			4			139	3.22	
	Office Sought: House Disbursen	nent For:	l		71				,		,			
		Primary	General											
		Other (spec	cify) 🔻											
	State: District:													
_	Full Name (Last, First, Middle Initial)						Doto	of D	iahura		n+			
C.	Ms Prisylla Jasso								isburse					
	Mailing Address 213 Quail Court						1 1		1	8	/ Y	2011	Y	
	City	State	Zip Code											
		TX	78502				Tra	nsac	tion ID	) : S	B21B.16	3727		
	Purpose of Disbursement				-	$\neg$								
	contract services - salary expenditure				001		Amou	ınt of	Each	Dis	burseme	nt this	Perio	bd
	Candidate Name				ategor Type	ry/						2549	9.53	П
	Office Sought: House Disbursen	nent For:							,		,			
		Primary	General											
		Other (spe	cify) 🔻											
_	State: District:													
8	SUBTOTAL of Disbursements This Page (optional)					<b>•</b>			-10-			5335	5.95	
$\vdash$														ī
1	<b>OTAL</b> This Period (last page this line number only)					•			,		,			

S	CHEDULE B (FEC Form 3X)	FOR				R LINE NUMBER: PAGE 422 OF 435										
ITEMIZED DISPLIPSEMENTS  Use separate schedule(s)							IUMBEF one)	<b>ተ</b> :			FAGI	_ 422	OI 43			
11	EINITED DISDOUSEMENTS	for each cat		(3		21b [	22		23		24	25	<u> </u>			
		Detailed Sui	mmary Page			27	28a		28b		28c	29	Нз			
Δr	ny information copied from such Reports and Stater	nents may not	be sold or user	d hv	anv	persor	n for the	יוות פ	nose (	of so	liciting	contrib	utions			
	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.	Ms Prisylla Jasso						Date	of Di	sburse	emer	nt					
	Mailing Address 242 Out-il Court						M =	_		D	/ Y	2011	Y			
	Mailing Address 213 Quail Court						12	-	Ū	2		2011				
	City	State Z	ip Code													
	McAllen		'8502				Trar	sact	ion ID	: SE	321B.16	5743				
	Purpose of Disbursement			-	-	$\neg$										
	contract services - salary expenditure			0	01		Amou	nt of	Each	Disk	ourseme	ent this	Period			
	Candidate Name		[ "	Cate		y/						254	9.52			
	Office Sought: House Disburser	nont For:		Ty	/pe			-	7		7	=				
	Senate Dispurser	Primary	General													
	President	Other (specify														
	State: District:	(-1)	, <b>▼</b>													
	Full Name (Last, First, Middle Initial)															
В.							Date	of Di	sburse	emer	nt					
							M	M /	D	D	/ Y	YY	Y			
	Mailing Address 213 Quail Court						12 16 2011									
	City	21-1- 7	in Ondo										_			
	City S McAllen		ip Code 78502				Trar	nsact	ion ID	: SI	321B.10	6746				
	Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·	3302		Ļ	_	$\dashv$									
	contract services - salary expenditure			_0	01		Amou	nt of	Each	Disk	ourseme	ent this	Period			
	Candidate Name		\ \	Cate	gor	y/			-			150	2 20			
					pe			-	7		7	152	23.29			
	Office Sought: House Disburser	_														
	Senate President	Primary Other (appoint)	General													
	State: District:	Other (specify	√ ▼													
_	Full Name (Last, First, Middle Initial)															
C.	Ms Prisylla Jasso						Date	of Di	sburse	emer	nt					
	ivio i rioyila daddo						M			D		YY	Y			
	Mailing Address 213 Quail Court						12	_		0	Ľ.	2011				
			ip Code				Trar	nsact	ion ID	: SI	321B.10	6751				
	McAllen Purpose of Disbursement	TX 7	78502													
	contract services - salary expenditure			Δmou	nt of	Fach	Dick	nurcoma	ent this	Period						
	Candidate Name		<del></del>	Cate	01 	w/	AIIIUU	iii 01	Lacii	ופוט	Juistill					
					gor pe	y'			/III		,m	145	8.24			
	Office Sought: House Disburser	nent For:							,		7					
	Senate	Primary	General													
	President	Other (specify	) ▼													
	State: District:															
							1	_	-			EE0	1.05			
Ls	SUBTOTAL of Disbursements This Page (optional)					<u> </u>			7		7	553	1.05			
ļ ,	OTAL This Period (last page this line number only)	AL This Period (last page this line number only)														
1 1	VIAL THIS FERIOU (IAST PAGE THIS HITE HUTTIDER ONLY)							100	ALC: 1		200		E			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		l		FOR LINE	NUMBER	:	PAGE	423 (	OF 435			
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			7				
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b			
Δ	by information copied from such Departs and Chite-	l nonte mass	not he cold or									
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam											
$\setminus$	NAME OF COMMITTEE (In Full)											
$ \rangle$	BORDER HEALTH FEDERAL PAC											
$\angle$	Full Name (Last, First, Middle Initial)											
Α.	Just Energy				Date o	f Disburser	ment					
					M = M	/ D	D / Y	YY	Υ			
	Mailing Address P.O. Box 650518				10	07		2011				
	City	State	Zip Code									
	Dallas	TX	78265		Trans	saction ID	SB21B.16	709				
	Purpose of Disbursement office electricity expenditure			004			D: 1					
	Candidate Name			001	Amoun	τ ot Each [	Disburseme	nt this f	eriod			
	Canadate Name			Category/ Type				170	.24			
	Office Sought: House Disbursen	nent For:		.,,,,			7					
		Primary	General									
		Other (spec	cify) 🔻									
_	State: District: Full Name (Last, First, Middle Initial)											
В.	Just Energy				Date o	f Disburser	ment					
					M = M	M = M / D = D / Y = Y = Y						
	Mailing Address P.O. Box 650518				10	26	3	2011				
		State	Zip Code		Trans	saction ID	: SB21B.16	719				
	Dallas Purpose of Disbursement	TX	78265									
	office electricity expenditure			001	Amoun	t of Each I	Disburseme	nt this F	Period			
	Candidate Name			Category/				15/	1.85			
	Office Sought: House Bishums	ant Far		Type				134				
	Office Sought: House Disbursen Senate	nent For: Primary	General									
		Other (spec										
	State: District:		•					_				
	Full Name (Last, First, Middle Initial)				_							
C.	Just Energy					f Disburser						
	Mailing Address P.O. Box 650518				11	29		2011	Y			
	•	State TX	Zip Code		Trans	saction ID	: SB21B.16	733				
	Dallas Purpose of Disbursement	1/	78265									
	office electricity expenditure			001	Amoun	t of Each I	Disburseme	nt this f	Period			
	Candidate Name			Category/	-			121	74			
	Office Sought: House Disbursen	ant Fari		Туре				141	., -			
		nent For: Primary	General									
		Other (spec										
_	State: District:		· •									
	,							1	20			
s	SUBTOTAL of Disbursements This Page (optional)			········				446	.83			
Ţ	OTAL This Period (lest page this line number and the											
1 1	<b>OTAL</b> This Period (last page this line number only).			·····		-						

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE 424	OF 435
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			
			Summary Page	X 21b 27	22 28a	23 28b	24 25 28c 29	26 30b
۸۰	ny information copied from such Reports and Statem	ante may	not he sold or use					
	for commercial purposes, other than using the nam							
$\setminus$	NAME OF COMMITTEE (In Full)							
$ \rangle$	BORDER HEALTH FEDERAL PAC							
$\angle$	Full Name (Last, First, Middle Initial)			T				
Α.	Ramiro Leal				Date of	Disburse	ment	
					M = M	/ D	D / Y Y Y	Y
	Mailing Address 601 Tulip				09	23	2011	
	City	State	Zip Code					
	mcallen	TX	78504		Trans	action ID	: SB21B.16701	
	Purpose of Disbursement refund of donation/contribution			245				
	Candidate Name			012	Amount	of Each	Disbursement this	Period
	Candidate Ivallie			Category/ Type			25	0.00
	Office Sought: House Disbursem	nent For:		. ,, pc		- 7		
		Primary	General					
		Other (spe	cify) 🔻					
_	State: District: Full Name (Last, First, Middle Initial)							
В.	Long Chilton LLP				Date of	Disburse	ment	
					M = M	/ D		Y
	Mailing Address 4100 N. 23rd				09	27	7 2011	
		State	Zip Code		Trans	action ID	: SB21B.16703	
	McAllen Purpose of Disbursement	TX	78504					
	paysmart payroll services			001	Amount	of Each	Disbursement this	Period
	Candidate Name			Category/				33.56
	Office Cought			Type				55.50
	Office Sought: House Disbursem	nent For: Primary	General					
		Other (spe						
	State: District:		•					
_	Full Name (Last, First, Middle Initial)							
C.	Long Chilton LLP					Disburse		
	Mailing Address 4100 N. 23rd				10	25		Y
		State TX	Zip Code 78504		Trans	action ID	: SB21B.16717	
	McAllen Purpose of Disbursement	17	7 0004					
	paysmart payroll services			001	Amount	of Each	Disbursement this	Period
	Candidate Name			Category/			2	34.64
	Office Sought: House Disbursem	ont For:		Туре				7.07
		Primary	General					
		Other (spe						
	State: District:							
								9.20
S	SUBTOTAL of Disbursements This Page (optional)			·····•		-,	31	8.20
ļ ,	OTAL This Period (last page this line number only).							
1 '	VIAL THIS I CHOO (last page this line number only).						7	

S	CHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 425 OF 435									
IT	EMIZED DISBURSEMENTS		e separate schedule(s) (check only one)									
		Detailed Summar		X 211			23		24	25		26
_				27	28		28b		28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name											
$\setminus$	NAME OF COMMITTEE (In Full)											
$ \rangle$	BORDER HEALTH FEDERAL PAC	•										
	Full Name (Last, First, Middle Initial)				_							
Δ.	Long Chilton LLP				Date	of Di	isburse	mei	nt			
	Long Chillon LLP					M /	, D			Y	V	
	Mailing Address 4100 N. 23rd				1.	_		8		2011	1	
	,	tate Zip Co			Tra	nsact	tion ID	: SI	321B.16	729		
	McAllen	TX 78504	1						32.20	0		
	Purpose of Disbursement paysmart payroll services		- 17	001	Amo	ınt of	Each	Die	ourseme	nt thic	Paria	иd
	Candidate Name				Allio	JIII 01	Lacii	סוסו	Juiseine	111 11113	CIIO	u
				Category/ Type	11.		/D 1		40. 1	33	.56	
	Office Sought: House Disbursen	ent For:		- 7	_		,					
	Senate	Primary G	General									
		Other (specify)										
_	State: District:											
_	Full Name (Last, First, Middle Initial)											
В.	Long Chilton LLP				Date	of D	isburse	mei				
	Mailing Address 4100 N. 23rd					M /		D !1		2011	Y	
	Walling Address 4100 N. 2510					-	-			2011		
	City					neac	tion ID	. e	B21B.16	740		
	McAllen	TX 78504	4			IISac	טו ווטוו	. 3	DZ 1D.10	749		
	Purpose of Disbursement paysmart payroll services		l l r	004	A			D:-		ا ماملا دما	<b>.</b>	الد
	Candidate Name			001	Amo	ini oi	Each	DIS	ourseme	ni inis i	erio	u
	Canadate Hame			Category/ Type	11.					33	3.56	
	Office Sought: House Disbursen	ent For:		Турс			7		,			
	Senate	Primary G	General									
	President	Other (specify)										
_	State: District:											
_	Full Name (Last, First, Middle Initial)											
C.	Peppers				Date	of D	isburse	mei	nt			
	Mailing Address ACOO North 40th Chroat				1	_	2	0		2011	Υ	
	Mailing Address 4620 North 10th Street				1		J	0		2011		
	City	tate Zip Co	ode		<b>T</b>		· · · · · ID	_	D04D 40	700		
	The state of the s	TX 78504	1		Ira	nsac	tion iD	: 5	B21B.16	762		
	Purpose of Disbursement In-kind contribution for nominee dewhurst - u.s. sens	ate.		1								
	Candidate Name			003	Amount of Each Disbursement this Period			d				
	Candidate Name			Category/						1729	.47	П.
	Office Sought: House Disbursen	ent For:		Type		_	7		7		_	
			General									
		Other (specify)										
	State: District:	•										
Г						_	-				-	$\overline{}$
8	SUBTOTAL of Disbursements This Page (optional)				L.		,		,	1796	.59	
H							-		-			Ī
1	<b>OTAL</b> This Period (last page this line number only).						,		,			

S	CHEDULE B (FEC Form 3X)							PAGE	426 (	)F	435		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)										
		Detailed Summary Page		×	21b	22		23		24	25		26
_		, ,			27	28a		28b		28c	29		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name												i
	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAC												
<u></u>	Full Name (Last, First, Middle Initial)												
A.	Perkins Coie					Date o	f Dis	burse	mer	nt			
					-	M = M	/	D			YY	Υ	
	Mailing Address 607 Fourteenth Street N.W.					08	4	03	3		2011	_	
	City	State Zip Code				_							
	Washington	DC 20005				Trans	saction	on ID	: SE	321B.16	754		
	Purpose of Disbursement legal fees			004		A	( )		D:-1			<b>.</b>	
	Candidate Name		L	001		Amoun	it of i	⊨acn	DISC	ourseme	nt this	Perio	a
	Canada Name			ategor Type	y/	Ι.				(8)	5535	5.00	
	Office Sought: House Disbursen	nent For:		-,,						,			
		Primary General											
	President State: District:	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)												
В.	Perkins Coie				Date o	f Dis	burse	mer	nt				
						M = M	/	D	D	/ Y	YY	Υ	
	Mailing Address 607 Fourteenth Street N.W.					08		1	6	L.	2011	_	
	,	State Zip Code				Trans	sacti	on ID	: SI	321B.16	756		
	Washington Purpose of Disbursement	DC 20005			_								
	legal fees			001	Ш	Amoun	t of l	Each	Dist	ourseme	nt this	Perio	od
	Candidate Name		Ca	ategor	y/						1222	22	П
	000			Туре				7	-	7	1222	2.32	_
	Office Sought: House Disbursen Senate	nent For:  Primary General											
		Other (specify) ▼											
	State: District:	•											
Τ	Full Name (Last, First, Middle Initial)												
C.	Perkins Coie					Date o	of Dis	burse	mer				
	Mailing Address 607 Fourteenth Street N.W.					09	/	28			2011	Y	
	•	State Zip Code				Trans	sacti	on ID	: SE	321B.16	757		
	Washington Purpose of Disbursement	DC 20005			_								
	legal fees			001		Amoun	it of I	Each	Disk	ourseme	nt this	Perio	od
	Candidate Name		Ca	ategor	y/		-	-	-	-	200	00	$\neg$
	000			Туре				,		7	308	0.00	
	Office Sought: House Disbursen Senate	nent For: Primary General											
		Other (specify)											
	State: District:	•											
	·						-	-		-		0.7	$\overline{\neg}$
S	SUBTOTAL of Disbursements This Page (optional)				<b>•</b>			7			7066	.32	
Γ,	OTAL This Period (last page this line number only)				_								$\neg$
1 '	VIAL THIS I CHOU (last page this line number only)							,		7			_

S	CHEDULE B (FEC Form 3X)		OR I	LINE NUMBER: PAGE 427 OF 435									
ΙŢ	EMIZED DISBURSEMENTS	Use separate schedule(s) (check on				nly one)							
		for each category of the Detailed Summary Page		$\square$	21b	22		23	Ш	24	25		26
_		l same a cannot i ago			27	28a		28b		28c	29		30b
	ny information copied from such Reports and Stater												S
or	for commercial purposes, other than using the nan	ne and address of any politi	cal con	nmitt	ee to s	solicit co	ntrib	utions	from	such	commi	ttee.	
$  \setminus$	NAME OF COMMITTEE (In Full)	_											
]/	BORDER HEALTH FEDERAL PAG	ز											
<u></u>	Full Name (Last, First, Middle Initial)												
Α.	Perkins Coie					Date of	f Di	sburse	ment				
						M M / D D / Y Y Y Y							
	Mailing Address 607 Fourteenth Street N.W.					10	J	2	5		2011		
	0::												
		State Zip Code DC 20005				Trans	act	ion ID	: SB2	1B.1	6758		
	Washington Purpose of Disbursement	20005											
	legal fees		0	01		Amoun	t of	Each	Disbu	rsem	ent this	Peri	od
	Candidate Name			egory	4/		÷	-					
				egory ype	y'			7		7	36	0.00	
	Office Sought: House Disburser	ment For:											
	Senate	Primary General											
	President	Other (specify) ▼											
_	State: District:												
R	Full Name (Last, First, Middle Initial)					Date o	f Di	shurso	mant				
٠.	Sprint										V		
	Mailing Address P.O. Box 8077					10	/	2	5	Y	2011	= Y	
	3 · · · · · · · · · · · · · · · · · · ·							-	-				
	City	State Zip Code				Trans	sact	ion ID	·SR	1R 1	6716		
	London	KY 40742				uiis	.aoi	را	. 00		J. 10		
	Purpose of Disbursement phone service expenditure			001	$\neg \bot$	Amount of Each Disbursement this Period				od			
	Candidate Name				<b>-</b>    -					Ju			
				egory ype	y/	286.30							
	Office Sought: House Disburser	nent For:	*;	,				,		,			
	Senate	Primary General											
	President	Other (specify) ▼											
	State: District:												
_	Full Name (Last, First, Middle Initial)					Б.:							
C.	Texas State Technical College					Date of	T Di:	sburse	ment				
	Mailing Address 1002 North Loop 100					M M M	1	10		Υ	2011	Y	
	Mailing Address 1902 North Loop 499					12		1,	9		2011		
	City	State Zip Code				T		ion In	. 004	1P 4	67F2		
	Harlingen	TX 78550				irans	act	ion ID	. 362	: IB.1	0/33		
	Purpose of Disbursement donation			46									
	Candidate Name		0	12		Amoun	t of	Each	Disbu	rsem	ent this	Peri	od
	Candidate Name			egory	y/			-			1000	0.00	
	Office Sought: House Disburser	ment For:	1)	уре			-	7	-	7			ш
	Senate	Primary General											
	President	Other (specify) ▼											
_	State: District:	· 											
Г	'				'		-	-	-	-		_	
s	SUBTOTAL of Disbursements This Page (optional)				<b>•</b>			,		7	1064	6.30	
Г								-					T
IΤ	TAL This Period (last nage this line number only)												

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 428 OF 435					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orli)	(check only one)					
	Detailed Summary Page	X 21b	22	23	24 25 2			
Г		27	28a	28b	28c 29			
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 PA	4C							
Full Name (Last, First, Middle Initial)								
A. Texas Workforce Commission			Date of	Disbursem	ent			
			M = M	/ D D	/			
Mailing Address P.O. Box 149037			09	12	2011			
C:4.	Ctata Zin Cada							
City Austin	State Zip Code TX 78714		Transa	action ID :	SB21B.16699			
Purpose of Disbursement	70111							
quarterly tax assessment - TWC		001	Amount	of Each D	isbursement this Period			
Candidate Name		Category/			6.39			
		Type		- 7	0.39			
Office Sought: House Disburs Senate	Sement For:							
President	Primary General  Other (specify) ▼							
State: District:	Carior (opcomy)							
Full Name (Last, First, Middle Initial)								
B. Texas Workforce Commission		Date of	Disbursem	ent				
		M = M	/ D D	/ Y = Y = Y = Y				
Mailing Address P.O. Box 149037			10	31	2011			
City	State Zip Code		Transa	action ID :	SB21B.16721			
Austin Purpose of Disbursement	TX 78714							
quarterly tax assessment - TWC		001	Amount	of Each D	isbursement this Period			
Candidate Name		Category/						
		Type			40.98			
	sement For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. Valley Alliance of Mentors for Op	portunities		Date of	Disbursem	ent			
	portariido		M M	/ D D	/ Y Y Y Y Y			
Mailing Address 5221 N McColl Rd			08	24	2011			
C:4.	State Zip Code							
City McAllen	TX 78502		Transa	action ID :	SB21B.16685			
Purpose of Disbursement								
donation 012			Amount	of Each D	isbursement this Period			
Candidate Name		Category/			4400.00			
Office Sought: House Disburs	sement For:	Туре		7				
Senate Disbuts	Primary General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional	)	·····•			4447.37			
	1.)							
TOTAL This Period (last page this line number or	niy)							

S	CHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 429 OF 435					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			7.5		
	Detailed Summary			X 21b	22 28a	23 28b	24 28c	25 29	26 30b	
Λ.	ny information conicd from such Departs and Children	onto mari	not be sold as as							
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
$  \rangle$	BORDER HEALTH FEDERAL PAC	;								
$\angle$				-						
Δ	Full Name (Last, First, Middle Initial)	rtiiniti-	C		Date of	Disburser	nent			
۸.	Valley Alliance of Mentors for Oppo	ภ เนทเนิย	ა		Date of	/ D		Y	Y	
	Mailing Address 5221 N McColl Rd				09	16		2011		
		Na. 1 -	7:- 0 :							
	City S McAllen	State TX	Zip Code 78502		Trans	action ID :	SB21B.16	700		
	Purpose of Disbursement	•••	, 0002							
	donation			012	Amount	of Each [	Disburseme	nt this I	Period	
	Candidate Name			Category/				5000	0.00	
	Office Sought:	ont F-		Туре		7		3000		
	Office Sought: House Disbursem	nent For: Primary	General							
		Other (spe								
_	State: District:		· •	<u></u> _						
	Full Name (Last, First, Middle Initial)							_		
B. Valley Alliance of Mentors for Opportunities						Disburser	nent			
						/ 0 1		Y   Y   2011	Υ	
	Mailing Address 5221 N McColl Rd				10	21		2011		
	•	State	Zip Code		Tranc	action ID	SB21B.16	711		
		TX	78502		iiaiiS	SOUGH ID				
	Purpose of Disbursement donation			012	Amount	of Each	Disburseme	nt thic I	Period	
	Candidate Name			Category/	·ourit	4011 L				
				Type		-,-	,	5600	0.00	
	Office Sought: House Disbursem									
		Primary	General							
	President State: District:	Other (spe	сіту) 🔻							
_	Full Name (Last, First, Middle Initial)									
C.	Water Tower Village				Date of	Disburser	nent			
					M M	/ D I	) / Y	YY	Υ	
	Mailing Address 52211 N. McColl Road				07	07	┙ Ĺ.	2011		
	City	State	Zip Code							
		TX	78504		Trans	action ID :	SB21B.16	656		
	Purpose of Disbursement									
	office lease expenditure			001	Amount	of Each [	Disburseme	nt this I	Period	
	Candidate Name			Category/				1331	.25	
	Office Sought: House Disbursem	nent For:		Туре		7	- 7			
		Primary	General							
		Other (spe								
	State: District:									
Г	<u> </u>		<u> </u>					4155	0.5	
5	SUBTOTAL of Disbursements This Page (optional)					7		11931	.25	
Γ.	Total This David (last up as the Present of the								- 1	
[ <sup>1</sup>	<b>'OTAL</b> This Period (last page this line number only).									

CHEDULE B (FEC Form 3X)		1	F NUMBER: PAGE 430 OF 435						
•	Use separate schedule(s)								
EMIZED DISBURSEMENTS	for each category of the	X 21b							
	Detailed Summary Page	27	28a 28b 28c 29 30						
ny information copied from such Reports and Stater	nente may not be cold or use								
for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)	71								
BORDER HEALTH FEDERAL PAGE	•								
BONDER HEALITH EDERALT AC	,								
Full Name (Last, First, Middle Initial)									
Water Tower Village			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address 52211 N. McColl Road			10 05 2011						
City	State Zip Code								
McAllen	TX 78504		Transaction ID: SB21B.16705						
Purpose of Disbursement									
office lease expenditure		001	Amount of Each Disbursement this Period						
Candidate Name		Category/	1001.05						
		Type	1331.25						
Office Sought: House Disburser									
Senate	Primary General								
State: President State:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)			Date of Disbursement						
Mailing Address			M = M / D = D / Y = Y = Y						
City	State Zip Code								
Purpose of Disbursement			Amount of Each Dichurages at this Desired						
Candidate Name			Amount of Each Disbursement this Period						
Canadato Namo		Category/ Type							
Office Sought: House Disburser	ment For:	i ype							
Senate	Primary General								
President	Other (specify) ▼								
State: District:	<u> </u>								
Full Name (Last, First, Middle Initial)									
			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address									
City	State Zip Code								
<del>y</del>	2.p 0000								
Purpose of Disbursement									
		Amount of Each Disbursement this Period							
Candidate Name		Category/							
000		Type							
Office Sought: House Disburser									
Senate President	Primary General Other (specify) ▼								
State: District:	onici (specity)								
Oldio.									
SUBTOTAL of Disbursements This Page (optional)			1331.25						
Optional)									

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 431 OF 435						
	EMIZED DISBURSEMENTS	Use separate schedule		(check only	INE NOMBER.					
11	LIVIIZED DISBURSLIVIEN IS	for each category of the Detailed Summary Page		21b		23	24	25	26	
_		Detailed Summary Pag		27		28b	28c	29	30b	
	y information copied from such Reports and Staten									
or	for commercial purposes, other than using the name	ne and address of any po	olitical	committee to	solicit contribu	tions fro	om such	committ	ee.	
	NAME OF COMMITTEE (In Full)	_								
$ \rangle$	BORDER HEALTH FEDERAL PAG									
$oldsymbol{oldsymbol{oldsymbol{oldsymbol{L}}}$	Full Name (Last, First, Middle Initial)			ı						
Α.	JOHN BARRASSO				Date of Disk	ourseme	ent			
					M M /	D   D	/ Y	Y	Υ	
	Mailing Address 6896 CASPER MOUNTAIN ROAD				07	25	] [:	2011		
	0"									
	City S CASPER	State Zip Code WY 82601			Transactio	n ID : S	SB23.1666	3		
	Purpose of Disbursement	02001								
	contribution			012	Amount of E	Each Dis	sburseme	nt this F	Period	
	Candidate Name		7 4	Category/		-				
	JOHN BARRASSO			Type				5000	.00	
		nent For: 2012	'							
		Primary Genera	ıl							
	State: WY District: 00	Other (specify) ▼								
_	Full Name (Last, First, Middle Initial)									
В.					Date of Disk	ourseme	ent			
	WIGHTEL O. DIV. BOTGEGG				M = M /	D   D	/ Y	Y	Υ	
	Mailing Address PO BOX 2334				11	22	l L.	2011		
	City S DENTON	State Zip Code TX 76202			Transactio	on ID : S	SB23.167	31		
	Purpose of Disbursement	76202								
	contribution			011	Amount of E	ach Dis	sburseme	nt this F	Period	
	Candidate Name		7 5	Category/				5000		
	MICHAEL C. DR. BURGESS			Туре			-,	5000	0.00	
		nent For: 2012								
	Senate President	Primary General	ıl							
	State: TX District: 26	Other (specify) ▼								
_	Full Name (Last, First, Middle Initial)									
C.	DAVID H DEWHURST				Date of Disk	ourseme	ent			
					M M /	D D	/ Y	YY	Υ	
	Mailing Address 1210 SAN ANTONIO STREET SU	ITE 700			12	21	نـــا ا	2011		
	City.	Otata Zin Cada								
	City S AUSTIN	State Zip Code TX 78767			Transactio	on ID : S	SB23.1674	<b>1</b> 1		
	Purpose of Disbursement	10101	1							
	contribution		Ш	011	Amount of E	ach Dis	sburseme	nt this f	Period	
	Candidate Name			Category/				2309	01	
	DAVID H DEWHURST			Туре			- 7	2309	.01	
		nent For: 2012	.I							
	Senate President	Primary General Other (specify)	u							
	State: TX District: 00	(opoony) ▼								
Г						_		-		
s	UBTOTAL of Disbursements This Page (optional)							12309	.81	
$\vdash$								-	-	
T	OTAL This Period (last page this line number only)				1				1	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 432 OF 435						
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	FOR LINE NUMBER: PAGE 432 OF 435 (check only one)						
II LIVIIZED DIODONOLIVILIVIO	for each category of the Detailed Summary Page	`	22 🗙 23 24 25 26						
	Detailed Sulfilliary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and S									
or for commercial purposes, other than using the	name and address of any politi	tical committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
angle BORDER HEALTH FEDERAL F	PAC								
Full Name (Last, First, Middle Initial)		ı							
A. DAVID H DEWHURST			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address 1210 SAN ANTONIO STREET	SUITE 700		12 21 2011						
City	State 7ic Onda								
City AUSTIN	State Zip Code TX 78767		Transaction ID : SB23.16748						
Purpose of Disbursement	10101								
contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
DAVID H DEWHURST		Type	5000.00						
	irsement For: 2012								
Senate President	Primary General								
State: TX District: 00	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
B. LUIS V GUTIERREZ			Date of Disbursement						
			M = M / D = D / Y = Y = Y						
Mailing Address 3210 W CULLOM ST			11 01 2011						
City CHICAGO	State Zip Code IL 60641		Transaction ID : SB23.16776						
Purpose of Disbursement	100041								
contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
LUIS V GUTIERREZ		Type	5000.00						
	rsement For: 2012								
Senate President	Primary General Other (specify) ▼								
State: IL District: 04	Other (specify)								
Full Name (Last, First, Middle Initial)									
C. RUBEN E HINOJOSA			Date of Disbursement						
			M M / D D / Y Y Y						
Mailing Address 1404 South Illinois			08 25 2011						
City	State Zip Code								
City Mercedes	TX 78570		Transaction ID : SB23.16687						
Purpose of Disbursement									
contribution		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
RUBEN E HINOJOSA		Type	3000.00						
Office Sought: House Disbu	rsement For: 2012 Primary General								
President	Other (specify)								
State: TX District: 15	Sa.o. (Speedily) •								
SUBTOTAL of Disbursements This Page (option	al)		15000.00						
TOTAL This Period (last page this line number of	only)								

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	1	R LINE NUMBER: PAGE 433 OF 435						
for each category of the			one)   22     23   24   25   26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten									
or for commercial purposes, other than using the name	e and address of any political	I committee to s	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC	;								
Full Name (Last, First, Middle Initial)									
A. RUBEN E HINOJOSA			Date of Disbursement						
Mailing Address 1404 South Illinois		08 25 2011							
City	tate Zip Code		Transaction ID - CD22 46699						
Mercedes	TX 78570		Transaction ID : SB23.16688						
Purpose of Disbursement contribution	1	011	Amount of Each Disbursement this Period						
Candidate Name	l	Category/							
RUBEN E HINOJOSA		Type	5000.00						
	nent For: 2012 Primary General Other (specify)								
State: TX District: 15									
Full Name (Last, First, Middle Initial)  B. NATIONAL REPUBLICAN SENAT		Date of Disbursement							
Mailing Address 425 SECOND STREET NE		10 19 2011							
WASHINGTON	tate Zip Code DC 20002		Transaction ID : SB23.20414						
Purpose of Disbursement contribution	1	011	Amount of Each Disbursement this Period						
Candidate Name	I	Category/ Type	15000.00						
Senate	ent For: 2011 Primary								
Full Name (Last, First, Middle Initial)									
C. NEW JERSEY DEMOCRATIC STA	TE COMMITTEE		Date of Disbursement						
Mailing Address 196 WEST STATE STREET			12 27 2011						
,	tate Zip Code		Transaction ID : SB23.18361						
TRENTON Purpose of Disbursement	NJ 08608								
contribution	011	Amount of Each Disbursement this Period							
Candidate Name NEW JERSEY DEMOCRATIC STAT	F COMMITTEE	Category/ Type	10000.00						
	ent For: 2011	1,700							
Senate	Primary X General								
	Other (specify) ▼								
State: District:	, <u>/                                   </u>								
	Other (specify) ▼		30000.00						

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 434 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

435

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 900.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 City State Zip Code McAllen  $\mathsf{TX}$ 78502 Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 900.00 0.00 0.00

C. Full Name (Last, First, Middle Initial) of Debi	Nature of Debt (Purpose):	
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

1800.00

1800.00

0.00

1mage# 13961077094 PAGE 435 / 435

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ 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.