| FEC FORM 3X | AN | PORT O D DISBU Other Than Ar | IRSEM | ENTS | ee | | Office Use Only | |
|---|--|---|----------------------|---------------------------------|------------------------|---------------|--|--|
| 1. NAME OF COMMITTEE (in ft | | FEC MAILING LA | | ample:If typing er the lines | , type | | | |
| | | ; | | | | | | |
| ADDRESS (number and | street) | 10 W EXPRESSV | VAY 83 SUITE | 10 | | | | |
| Check if differ than previousl reported. (AC | У рн | IARR | | | | | 78577 - | |
| 2. FEC IDENTIFICAT | ION NUMBER | ▼ | CITY 🛋 | | S | STATE 🛋 | ZIPCOD | e 🔺 |
| C00415752 | | | 3. IS THIS REPORT | | NEW N) OR | AM (A) | ENDED | |
| X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl | orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election | (d) 30-Day Post -Elec Report for | the: |) | 12C) | Sep 2 | 20 (M9) 0 (M10) 2G) 2G) in the State of | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S) |
| 5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer | . – | rnie Perez | my knowledge | through and belief it is | 0 6 true, correct a | | 2009 | 2009 |
| NOTE : Submission of t | alse, erroneous, | or incomplete info | rmation may s | ubject the pers | on signing this | Report to the | | |
| Office Use Only | | | | | | | FEC FORM (Rev. 12/200 | |

Image# 29992454830

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 144

| | FEC Form 3X (Rev. 02/2003) | OF NECEIPIS AND DISBONSEMENTS | 2 / 144 |
|----|--|--------------------------------------|---|
| ۷ | Vrite or Type Committee Name BORDER HEALTH FEDERAL PAC | | |
| F | teport Covering the Period: From: | M M 0 1 Y Y Y Y 0 4 0 1 2 0 0 9 T | To: 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| ŝ. | (a) Cash on Hand January 1 2009 Y Y Y | | 832724.43 |
| | (b) Cash on Hand at Begining of Reporting Period | 904587.82 | |
| | (c) Total Receipts (from Line 19) | 91713.12 | 176284.24 |
| | (d) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 996300.94 | 1009008.67 |
| | Total Disbursements (from Line 31) | 60033.10 | 72740.83 |
| | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 936267.84 | 936267.84 |
| | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 1800.00 | |

For further information contact:

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

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

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Image# 29992454831

DETAILED SUMMARY PAGE OF RECEIPTS

| FEC Form 3X (Rev. 06/2004) | | OF RECEIPTS | 3 / 144 |
|----------------------------|--|-------------------------------|---|
| \ | Vrite or Type Committee Name BORDER HEALTH FEDERAL PAC | | |
| F | eport Covering the Period: From: | 01 2000 | To: 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 83869.54 | 161718.09 |
| | (ii) Unitemized | 2843.58 | 9566.15 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) > | 86713.12 | 171284.24 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines | 0.00 | 0.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 86713.12 | 171284.24 |
| 12. | Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. | All Loans Received | 0.00 | 0.00 |
| 14. 15. | Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| 16. | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made | 0.00 | 0.00 |
| | to Federal candidates and Other Political Committees | 5000.00 | 5000.00 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. | | | |
| | (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 91713.12 | 176284.24 |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19) | 91713.12 | 176284.24 |

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DETAILED SUMMARY PAGE

of Disbursements

A / 1AA

| FEC Form 3X (Rev. 02/2003) | of Disbursements | 4 / 144 | |
|---|-------------------------------|-----------------------------------|--|
| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | |
| 21. Operating Expenditures: | | | |
| Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 | |
| (ii) Non-Federal Share | 0.00 | 0.00 | |
| (b) Other Federal Operating | | | |
| Expenditures | 10033.10 | 12740.83 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) > | 10033.10 | 12740.83 | |
| 22. Transfers to Affiliated/Other Party | 0.00 | 0.00 | |
| 23. Contributions to | 0.00 | 0.00 | |
| Federal Candidates/Committeesand Other Political Committees | 50000.00 | 60000.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | |
| (use Schedule F) | | | |
| 26. Loan Repayments Made | 0.00 | 0.00 | |
| 27. Loans Made | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees (b) The Political Committees | 0.00 | 0.00 | |
| | 0.00 | 0.00 | |
| (b) Political Party Committees (c) Other Political Committees | 0.00 | | |
| (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds | 0.00 | 0.00 | |
| (add Lines 28(a), (b), and (c)) 🕨 | | | |
| 29. Other Disbursements | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 | |
| With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 60033.10 | 72740.83 | |
| 32. Total Federal Disbursements | | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | 60033.10 | 72740.83 | |
| from Line 31) | 00033.10 | 12140.03 | |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5/144

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 86713.12 | 171284.24 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 86713.12 | 171284.24 |
| 86. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 10033.10 | 12740.83 |
| 7. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. | Net Operating Expenditures (subtract Line 37 from Line 36) | 10033.10 | 12740.83 |

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| | | F | | |
|----------|--|-------------------------|----------------------------------|--|
| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 / 144 |
| ľ | TEMIZED RECEIPTS | | for each category of the | (check only one) |
| • | | | Detailed Summary Page | X 11a 11b 11c 12 |
| Г | | | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may i | not be sold or used by any perso | on for the purpose of soliciting contributions |
| | | | | Solicit contributions from such committee. |
| ` | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Charity Abreu | | | Date of Receipt |
| | Mailing Address 1619 hertiage lane | | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9556 |
| | mission | ТХ | 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: | 1 1 | Year-to-Date 🔻 | — |
| | Primary General | Aggregate | | - |
| | Other (specify) | | 1000.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | - |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | Charity Abreu | | | Date of Receipt |
| | Mailing Address 1619 hertiage lane | | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9722 |
| | mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | | - contribution |
| | self-employee | Occupation physician | | |
| | Receipt For: | 1 1 2 | Year-to-Date 🔻 | |
| | Primary General | Aggregate | | - |
| | Other (specify) v | 0 0 | 1250.00 | |
| _ | Full Nome (Look First Middle 1-11-1) | | | |
| C. | Full Name (Last, First, Middle Initial) Charity Abreu | | | Date of Receipt |
| | Mailing Address 1619 hertiage lane | | | |
| | <u></u> | 01-11- | 7.0.1 | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9891 |
| | mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer self-employee | Occupation | | |
| | | physician | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | _ |
| | Primary General | | 1500.00 | 11 |
| | Other (specify) | | | 1 |
| Г | | 1 | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| ⊢ | | | | |
| | TOTAL This Period (last page this line number | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedu for each category of t Detailed Summary Pa | |
|---------|--|--|---|
| | or for commercial purposes, other than using the | Statements may not be sold or used by a e name and address of any political com | any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Ricardo Abreu | | Date of Receipt |
| | Mailing Address 200 E. Xenops | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9557 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer Self employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 600 | .00 |
| - B. | Full Name (Last, First, Middle Initial) Ricardo Abreu | | Date of Receipt |
| | Mailing Address 200 E. Xenops | | 0 5 / 2 0 / Y Y Y Y 2 0 0 9 |
| | City McAllen | State Zip Code TX 78504 | Transaction ID: SA11AI.9723 |
| | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 750 | .00 |
| - C. | Full Name (Last, First, Middle Initial) Ricardo Abreu | | Date of Receipt |
| | Mailing Address 200 E. Xenops | | 0 6 / Y Y Y Y 0 8 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9892 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer Self employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 900 | .00 |
| [| SUBTOTAL of Receipts This Page (optional) | | |
| ľ | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:PAGE $8 / 144$ (check only one)X11a1314151617on for the purpose of soliciting contributions |
|---------|--|-------------------------|---|---|
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | e name and add | ress of any political committee to | solicit contributions from such committee. |
| ۷ A. | Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square | | | Date of Receipt |
| | City | State | Zip Code | Transaction ID: SA11AI.9558 |
| | mcallen | ТХ | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employee | Occupation | | contribution |
| | | physician | | |
| | Receipt For: | Aggregate | Year-to-Date | _ |
| | Primary General Other (specify) ▼ | 0 0 | 1000.00 | |
| - В. | Full Name (Last, First, Middle Initial) Ruben Abreu | | | Date of Receipt |
| | Mailing Address 104 augusta square | | | 05 / 20 / Y Y Y Y 05 / 20 / 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9724 |
| | mcallen | ТХ | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employee | Occupation physician | | contribution |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 1250.00 | |
| - c. | Full Name (Last, First, Middle Initial) Ruben Abreu | | | Date of Receipt |
| | Mailing Address 104 augusta square | | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9893 |
| | mcallen | ТХ | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employee | Occupation physician | | contribution |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | Year-to-Date V 1500.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.0 |

| | | | | FOR LINE NUMBER: PAGE 9/144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| | ITEMIZED RECEIPTS | | for each category of the | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| 1 | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Juan Aguilera | | | Date of Receipt |
| | Mailing Address 807 North Cage | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.9559 |
| | Pharr | ТХ | 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupatio physiciar | | contribution |
| | Receipt For: | 1 1 | Year-to-Date ▼ | |
| | Primary General | | | 1 |
| | Other (specify) | 0 0 | 1000.00 | |
| в. | Full Name (Last, First, Middle Initial) Juan Aguilera | | | Date of Receipt |
| | Mailing Address 807 North Cage | | | M + M / D + D / Y + Y + Y + Y Y Y + Y + Y + Y Y Y + Y + Y + Y Y Y + Y + Y + Y + Y Y + Y + Y + 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.9725 |
| | Pharr | ТХ | 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupatio physiciar | | contribution |
| | Receipt For: | 1 1 2 2 | e Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) ▼ | 0 0 | 1250.00 | |
| с. | Full Name (Last, First, Middle Initial) Juan Aguilera | | | Date of Receipt |
| | Mailing Address 807 North Cage | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.9894 |
| | <u>Pharr</u> | ТХ | 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupatio physiciar | | contribution |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | 0 0 | 1500.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | TOTAL This Period (last page this line number | only) | | |

| Any information copied from such Reports an | for each category of the Detailed Summary Page d Statements may not be sold or used by any perso | (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|--|--|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | the name and address of any political committee to | solicit contributions from such committee. |
| 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 1000.00 | Date of Receipt 0 4 1 0 2 0 0 9 Transaction ID: SA11AI.9561 Amount of Each Receipt this Period 250.00 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 1250.00 | Date of Receipt 05 / 20 09 Transaction ID: SA11AI.9727 Amount of Each Receipt this Period 250.00 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 1500.00 | Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.9896 Amount of Each Receipt this Period 250.00 contribution |
| SUBTOTAL of Receipts This Page (optional |) | 750.00 |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 11 / 144 |
|----|---|--|--|
| | | Use separate schedule(s) for each category of the | (check only one) |
| | IT EMIZED RECEIPTS | Detailed Summary Page | |
| | Any information copied from such Reports and S | tatements may not be sold or used by any perso | 13 14 15 16 17 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 FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Michael Amyx | | Date of Receipt |
| | Mailing Address 2108 Mynah | | M M / D D / Y Y Y Y Y 0 4 1 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9562 |
| | mcallen | TX 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation | contribution |
| | | private investor | |
| | Receipt For: Primary General | Aggregate Year-to-Date | |
| | Other (specify) ▼ | 1000.00 | |
| в. | Full Name (Last, First, Middle Initial) Michael Amyx | | Date of Receipt |
| υ. | Mailing Address 2108 Mynah | | 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9728 |
| | mcallen | TX 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | |
| | federal political committee. | | 250.00 |
| | Name of Employer | Occupation | contribution |
| | self-employed | private investor | |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| | Full Name (Last, First, Middle Initial) | | |
| C. | Michael Amyx | | Date of Receipt |
| | Mailing Address 2108 Mynah | | 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9897 |
| | <u>mcallen</u> | TX 78501 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General | 1500.00 | 1 |
| | Other (specify) | | 1 |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | | P | |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 144 (check only one) |
|----|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | itatements may not be sold or used by any pers | 13 14 15 16 17 on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 | | Date of Receipt |
| | N. Cynthia | | 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9563 |
| | 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: | Aggregate Year-to-Date V | |
| | Other (specify) | 1000.00 |] |
| в. | Full Name (Last, First, Middle Initial) Dario Arango | | Date of Receipt |
| | Mailing Address 7004 N. Cynthia | | M M / D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9729 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Other (specify) | 1250.00 |] |
| C. | Full Name (Last, First, Middle Initial) Dario Arango | 1 | Date of Receipt |
| | Mailing Address 7004 N. Cynthia | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9898 |
| | 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: | Aggregate Year-to-Date 🔻 | |
| | Other (specify) | 1500.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | ······ | 750.00 |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate sched for each category of Detailed Summary F | the page X 11a 11b 11c 12 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by name and address of any political cor | Image: 13 intermediate of the second seco |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird | | Date of Receipt |
| | Mailing Address 129 Bluebird | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9730 |
| | Mcallen | TX 78504 | 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: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 0.00 |
| — В. | Full Name (Last, First, Middle Initial) Daisy Arce | | Date of Receipt |
| | Mailing Address 129 Bluebird | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9899 |
| | Mcallen | TX 78504 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 30 | 0.00 |
| – c. | Full Name (Last, First, Middle Initial) Murphy Badiga | 1 | Date of Receipt |
| | Mailing Address 1503 S. Airport suite 6 | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9566 |
| | weslaco | TX 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 100 | 0.00 |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 350.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) | | ate schedule(s) | FOR LINE NUMBER: PAGE 14 / 144 (check only one) |
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| | ITEMIZED RECEIPTS | | tegory of the ummary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or name and address of any po | r used by any person plitical committee to a | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Murphy Badiga | | | Date of Receipt |
| | Mailing Address 1503 S. Airport suite 6 | | | 05 / 20 / Y Y Y Y 05 / 20 / 2009 |
| | City | State Zip Code | | Transaction ID: SA11AI.9732 |
| | weslaco FEC ID number of contributing | <u>TX 78596</u> | 0 0 | _ Amount of Each Receipt this Period |
| | federal political committee. | C | 0 | 250.00 |
| | Name of Employer self-employed | Occupation physician | | - contribution |
| | Receipt For: | Aggregate Year-to-Date | ▼ | - |
| | Other (specify) | | 1250.00 | |
| в. | Full Name (Last, First, Middle Initial) Murphy Badiga | | | Date of Receipt |
| | Mailing Address 1503 S. Airport suite 6 | | | 0 6 / D D / Y Y Y Y 0 8 / 1 8 2 0 0 9 |
| | City | State Zip Code | | Transaction ID: SA11AI.9901 |
| | weslaco FEC ID number of contributing | TX 78596 | | Amount of Each Receipt this Period |
| | federal political committee. | C | 1 | 250.00 |
| | Name of Employer self-employed | Occupation physician | | - contribution |
| | Receipt For: | Aggregate Year-to-Date | • | - |
| | Primary General Other (specify) ▼ | | 1500.00 | |
| C. | Full Name (Last, First, Middle Initial) Cayetano Barrera | | | Date of Receipt |
| | Mailing Address 501 Mockingbird Lane | | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | | Transaction ID: SA11AI.9733 |
| | | TX 78501 | U U U | 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: | Aggregate Year-to-Date | ▼ | |
| | Primary General Other (specify) ▼ | | 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | ····· • | 550.00 |
| | TOTAL This Period (last page this line number | | <u> </u> | |

| | | | | | FOR LINE NUMBER: PAGE 15 / 144 | | |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | | (check only one) | | |
| | TEMIZED RECEIPTS | | for each category of the | | \mathbf{X} 11a $\mathbf{\Pi}$ 11b $\mathbf{\Pi}$ 11c $\mathbf{\Pi}$ 12 | | |
| | | | Detailed Summar | y Page | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used dress of any political o | by any person committee to s | for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | | | | |
| | BORDER HEALTH FEDERAL PAC | | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Cayetano Barrera | | | | | | |
| | Mailing Address 501 Mockingbird Lane | | | | M M / D D / Y Y Y Y 06 18 2009 | | |
| | City | State | Zip Code | | Transaction ID: SA11AI.9902 | | |
| | mcallen | TX | 78501 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | 50.00 | | |
| | Name of Employer self-employed | Occupation physicial | | | contribution | | |
| | Receipt For: | 1 | e Year-to-Date 🔻 | | 4 | | |
| | Primary General | Aggregat | 1 1 1 1 1 | | | | |
| | Other (specify) v | 0 0 | | 300.00 | | | |
| В. | Full Name (Last, First, Middle Initial) Ricardo Barrera | | | | Date of Receipt | | |
| | Mailing Address 420 Frio | | | | 0 4 / D D / Y Y Y Y 2 0 0 9 | | |
| | City | State | Zip Code | | Transaction ID: SA11AI.9568 | | |
| | 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 physicial | | | contribution | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | |
| | Primary General Other (specify) ▼ | | 10 | 000.00 | | | |
| с. | Full Name (Last, First, Middle Initial) Ricardo Barrera | | | | Date of Receipt | | |
| 0. | Mailing Address 420 Frio | | | | 05 20 2009 | | |
| | City | State | Zip Code | | Transaction ID: SA11AI.9734 | | |
| | mission | ТХ | 78572 | | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 | | |
| | Name of Employer self-employed | Name of Employer self-employedOccupation physician | | | | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | | |
| | Primary General Other (specify) ▼ | | 12 | 250.00 | | | |
| [| CURTOTAL of Dessints This Dags (antisant) | 1 | | | 550.00 | | |
| | SUBTOTAL of Receipts This Page (optional) | | | ••••••• | | | |
| | TOTAL This Period (last page this line number | only) | | ► | | | |

| | SCHEDULE A (FEC Form 3X) | Use separate schedu | le(s) FOR LINE NUMBER: PAGE 16 / 144 (check only one) |
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| l | ITEMIZED RECEIPTS | for each category of the Detailed Summary Pa | |
| | | Detailed Summary Fa | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by a pame and address of any political com | ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | |
| | BORDER HEALTH FEDERAL PAC | | |
| | Full Name (Last, First, Middle Initial) | | |
| Α. | Ricardo Barrera | | Date of Receipt |
| | Mailing Address 420 Frio | | 0 6 1 8 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9903 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | 250.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation | contribution |
| | Receipt For: | physician Aggregate Year-to-Date ▼ | |
| | Primary General | | |
| | Other (specify) | 1500 | |
| - | Full Name (Last, First, Middle Initial) | | |
| В. | Juan Bernini | | Date of Receipt |
| | Mailing Address 2804 Santa Ana | | 04 D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9569 |
| | mission | TX 78574 | 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 V | |
| | Primary General | 1000 | 00 |
| | Other (specify) v | | |
| - C. | Full Name (Last, First, Middle Initial) Juan Bernini | | Date of Receipt |
| 0. | Mailing Address 2804 Santa Ana | | M M / D D / Y Y Y Y |
| | City | State Zip Code | 0 5 2 0 2 0 0 9 Transaction ID: SA11AI.9735 |
| | mission | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 250.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation | contribution |
| | Receipt For: | physician | |
| | Primary General | Aggregate Year-to-Date ▼ | · · · · |
| | Other (specify) | 1250 | .00 |
| Г | | | |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| ŀ | | | |
| | TOTAL This Period (last page this line number | only) | |

| S | CHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 17 / 144 (check only one) |
|---------|--|---|---|
| ľ | TEMIZED RECEIPTS | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any perso e name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Ν | NAME OF COMMITTEE (In Full) | | |
| | angle border health federal Pac | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Juan Bernini | | Date of Receipt |
| | Mailing Address 2804 Santa Ana | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9904 |
| | mission | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer self-employed | Occupation | contribution |
| | | physician | _ |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Other (specify) | 1500.00 | |
| — В. | Full Name (Last, First, Middle Initial) Sarojini Bose | | Date of Receipt |
| | Mailing Address 7007 N 1st Lane | | 0 4 1 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9570 |
| | mcallen | TX 78504 | 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 ▼ | |
| | Other (specify) | 1000.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Sarojini Bose | 1 | Date of Receipt |
| | Mailing Address 7007 N 1st Lane | | M M / D D / Y Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9736 |
| | mcallen | TX 78504 | 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 🔻 | |
| | Other (specify) | 1250.00 | |
| | | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 144 (check only one) I1a X 11a 13 14 15 16 17 |
|---------|---|--------------------------------|---|--|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | statements may name and add | v not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| A. | Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane | | | Date of Receipt |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9905 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employed | Occupatio physiciar | | - contribution |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Other (specify) | 0 0 | 1500.00 |] |
| — В. | Full Name (Last, First, Middle Initial) Francisco Bracamontes | | | Date of Receipt |
| | Mailing Address 2005 Cimarron Court | | | M M / D D / Y Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9571 |
| | 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 | Occupatio physiciar | | |
| | | Aggregate | Year-to-Date V | _ |
| | Other (specify) | 0 0 | 1000.00 | |
| — с. | Full Name (Last, First, Middle Initial) Francisco Bracamontes | | | Date of Receipt |
| | Mailing Address 2005 Cimarron Court | | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9737 |
| | 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 | Occupatio physiciar | 1 | contribution |
| | Receipt For: | Aggregate | Year-to-Date V | _ |
| | Other (specify) | 0 0 | 1250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | 1 | ····· | 750.00 |
| | TOTAL This Period (last page this line number | | · · · · · · · · · · · · · · · · · · · | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S | itatements ma | Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers | FOR LINE NUMBER: PAGE 19 / 144 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|------------|--|------------------------|--|--|
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court | | | Date of Receipt |
| | | Ctoto | Zin Codo | 06 18 2009 |
| | City mission | State TX | Zip Code 78572 | Transaction ID: SA11AI.9906 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employed | Occupation physicial | n | contribution |
| | Receipt For: Primary General Other (specify) \blacksquare | Aggregate | e Year-to-Date 1500.00 | |
| в. | Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street | I | | Date of Receipt |
| | City | State | Zip Code | |
| | mcallen | TX | 78501 | Transaction ID: SA11AI.9572 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employed | Occupation physicial | | contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 1000.00 |] |
| С. | Full Name (Last, First, Middle Initial) Robert Brace | | | Date of Receipt |
| | Mailing Address 2000 N. 8th Street | | | 05 / 20 / Y Y Y Y 05 / 20 / 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9738 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer self-employed | Occupation physicia | n | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date 🔻 1250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 144 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11 |
|---|---|--|
| or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F | sing the name and address of any political committee to | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Stree | State Zip Code | Date of Receipt 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.9907 |
| mcallen FEC ID number of contributing federal political committee. | TX 78501 | Amount of Each Receipt this Period |
| Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ | Occupation physician Aggregate Year-to-Date V 1500.00 | contribution |
| Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 | | Date of Receipt |
| City mcallen FEC ID number of contributing | State Zip Code TX 78502 | Transaction ID: SA11AI.9574 Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer self-employed | Occupation private investor | - contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 | | Date of Receipt |
| City mcallen FEC ID number of contributing | State Zip Code TX 78502 | Transaction ID: SA11AI.9740 Amount of Each Receipt this Period 250.00 |
| federal political committee. Name of Employer self-employed | Occupation private investor | - contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date 1250.00 |] |
| | | 750.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any pers a name and address of any political committee t | son for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Alonzo Cantu | | Date of Receipt |
| | Mailing Address P.O.Box 2673 | | 0 6 / ^D ^D / ^Y ^Y ^Y ^Y ^Y |
| | City | State Zip Code | Transaction ID: SA11AI.9909 |
| | mcallen | TX 78502 | 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: | Aggregate Year-to-Date V | — |
| | Primary General Other (specify) ▼ | 1500.00 | |
| – B. | Full Name (Last, First, Middle Initial) Carlos Cardenas | | Date of Receipt |
| | Mailing Address 1000 N. Taylor Road | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9575 |
| | mcallen | TX 78501 | 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) ▼ | 1000.00 | |
| | Full Name (Last, First, Middle Initial) Carlos Cardenas | | Date of Receipt |
| | Mailing Address 1000 N. Taylor Road | | M M / D D / Y Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9741 |
| | mcallen | TX 78501 | 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 ▼ 1250.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | 750.00 |

| | SCHEDULE A (FEC Form 3X) | | se separate schedule(s) | FOR LINE NUMBER: PAGE 22 / 144 (check only one) |
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| ľ | TEMIZED RECEIPTS | | r each category of the etailed Summary Page | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not l | be sold or used by any perso of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Carlos Cardenas | | | Date of Receipt |
| | Mailing Address 1000 N. Taylor Road | | | M M / D D / Y |
| | City | | Zip Code | Transaction ID: SA11AI.9910 |
| | | TX | 78501 | 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 | r-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 1500.00 |] |
| — В. | Full Name (Last, First, Middle Initial) Jose Carreras | | | Date of Receipt |
| | Mailing Address 1016 E. Griffin Parkwa | ау | | M M / D D / Y Y Y Y 0 4 10 2009 |
| | City | | Zip Code | Transaction ID: SA11AI.9576 |
| | 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: | Aggregate Year | r-to-Date 🔻 | _ |
| | Primary General Other (specify) ▼ | | 1000.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Jose Carreras | 1 | | Date of Receipt |
| | Mailing Address 1016 E. Griffin Parkwa | ау | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | | Zip Code | Transaction ID: SA11AI.9742 |
| | 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: | Aggregate Year | r-to-Date 🔻 | |
| | Primary General Other (specify) | 0 0 0 | 1250.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | I | _ | 750.00 |
| | TOTAL This Period (last page this line number | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 144 (check only one) |
|----|--|-------------------------|---|--|
| | 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 perso | 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Jose Carreras | | | Date of Receipt |
| | Mailing Address 1016 E. Griffin Parkwa | ay | | 0 6 / 1 8 / Y Y Y Y 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9911 |
| | 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: | Aggregate | Year-to-Date 🔻 | |
| | Other (specify) | | 1500.00 |] |
| в. | Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo | | | Date of Receipt |
| | Mailing Address 2300 Silverado North | | | 04 / 10 / Y Y Y Y 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9577 |
| | Mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer selfemployed | Occupation physician | | - contribution |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Other (specify) | 0 0 | 300.00 |] |
| C. | Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo | 1 | | Date of Receipt |
| | Mailing Address 2300 Silverado North | | | M M / D D / Y Y Y Y 05 / 20 / 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9743 |
| | Mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer selfemployed | Occupation physician | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 450.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | •••••• | 550.00 |
| | TOTAL This Period (last page this line number | ^r only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 144 (check only one) 11a X 11a 11b 11c 12 |
|---------|--|----------------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | / not be sold or used by any perso dress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions oscilicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Edwardo Carrillo | | | Date of Receipt |
| | Mailing Address 2300 Silverado North | | | 0 6 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9912 |
| | Mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer selfemployed | Occupation physiciar | | - contribution |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 600.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Marissa Castaneda | | | Date of Receipt |
| | Mailing Address 5021 Elk Lane | | | M M / D D / Y Y Y Y Y 05 20 2009 |
| | City | State TX | Zip Code | Transaction ID: SA11AI.9744 |
| | Edinburg FEC ID number of contributing federal political committee. | C | 78539 | Amount of Each Receipt this Period |
| | Name of Employer self-employed | Occupation private in | | - contribution |
| | Receipt For: | 1 | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 |] |
| - c. | Full Name (Last, First, Middle Initial) Marissa Castaneda | | | Date of Receipt |
| | Mailing Address 5021 Elk Lane | | | M M / D D Y |
| | City | State TX | Zip Code | Transaction ID: SA11AI.9913 |
| | Edinburg FEC ID number of contributing federal political committee. | C | 78539 | Amount of Each Receipt this Period 50.00 |
| | Name of Employer self-employed | Occupation private in | | - contribution |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 300.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | | ······ | 250.00 |
| ŀ | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(for each category of the Detailed Summary Page | |
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| | | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | atements may not be sold or used by any name and address of any political commi | ttee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Augusto Castrillon | | Date of Receipt |
| | Mailing Address 223 Rio Grande Drive | | 04 10 Y Y Y Y Y 024 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9579 |
| | mission FEC ID number of contributing | TX 78572 | Amount of Each Receipt this Period |
| | federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 1000.00 | 0 |
| в. | Full Name (Last, First, Middle Initial) Augusto Castrillon | | Date of Receipt |
| | Mailing Address 223 Rio Grande Drive | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9745 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1250.00 | D |
| C. | Full Name (Last, First, Middle Initial) Augusto Castrillon | | Date of Receipt |
| | Mailing Address 223 Rio Grande Drive | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9914 |
| | | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1500.00 | 0 |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate sched for each category of Detailed Summary F | |
|---------|--|--|--|
| [| | atements may not be sold or used by | any person for the purpose of soliciting contributions |
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | name and address of any political co | mmittee to solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Norma Cavazos-Salas | | Date of Receipt |
| | Mailing Address 2301 N. Bryan Road | | 0 4 / D D / Y Y Y Y 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9580 |
| | | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 100 | 0.00 |
| - В. | Full Name (Last, First, Middle Initial) Norma Cavazos-Salas | | Date of Receipt |
| | Mailing Address 2301 N. Bryan Road | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9746 |
| | 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: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 125 | 0.00 |
| - C. | Full Name (Last, First, Middle Initial) Norma Cavazos-Salas | | Date of Receipt |
| | Mailing Address 2301 N. Bryan Road | | M M / D D / Y Y Y Y 06 18 2009 |
| | City mission | State Zip Code TX 78572 | Transaction ID: SA11AI.9915 |
| | 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 ▼ 150 | 0.00 |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) | Use separate sche for each category of | |
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| | ITEMIZED RECEIPTS | Detailed Summary | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | atements may not be sold or used b name and address of any political c | by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) R. Chandrarasekharan | | Date of Receipt |
| | Mailing Address 1210 East 8th street | | 0 4 / D D / Y Y Y Y 2 0 0 9 |
| | City weslaco | State Zip Code TX 78591 | Transaction ID: SA11AI.9581 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 ▼ | 00.00 |
| В. | Full Name (Last, First, Middle Initial) R. Chandrarasekharan | | Date of Receipt |
| | Mailing Address 1210 East 8th street suite 1 | | M M / D D / Y |
| | City weslaco | State Zip Code TX 78591 | Transaction ID: SA11AI.9747 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 | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 12 | 50.00 |
| C. | Full Name (Last, First, Middle Initial) R. Chandrarasekharan | | Date of Receipt |
| | Mailing Address 1210 East 8th street suite 1 | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9916 |
| | weslaco FEC ID number of contributing federal political committee. | TX 78591 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Other (specify) \bigtriangledown | 15 | 00.00 |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | only) | |

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|----|---|------------------------|---|--|
| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 28 / 144 |
| | ITEMIZED RECEIPTS | | for each category of the | (check only one) |
| | | | Detailed Summary Page | |
| Г | | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| k | NAME OF COMMITTEE (In Full) | | | |
| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| A. | Full Name (Last, First, Middle Initial) Margaret Coon | | | Date of Receipt |
| А. | Mailing Address 3904 Bluejay drive | | | |
| | Maning Rear cool 3904 Didejay unive | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9583 |
| | Mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio physiciar | | |
| | Receipt For: | 1 1 | | |
| | Primary General | Aggregate | e Year-to-Date 🔻 | - |
| | Other (specify) | | 953.46 | |
| | | | | |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Margaret Coon | | | Date of Receipt |
| | Mailing Address 3904 Bluejay drive | | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9749 |
| | Mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio physiciar | | |
| | Receipt For: | 1 1 2 | | _ |
| | Primary General | Aggregate | e Year-to-Date | - |
| | Other (specify) | | 1203.46 | |
| | | | | - |
| с. | Full Name (Last, First, Middle Initial) Margaret Coon | - | | Date of Receipt |
| 0. | Mailing Address 3904 Bluejay drive | | | |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9918 |
| | Mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 172.33 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | n | contribution |
| | seltemployed | physiciar | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) | | 1375.79 | |
| г | | | | |
| | | | | 672.33 |
| | SUBTOTAL of Receipts This Page (optional) | | | |
| | TOTAL This Period (last page this line number | only) | • | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 144 (check only one) |
|----|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | | rson for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Diana Cortinas | | Date of Receipt |
| | Mailing Address 1400 Northgate Lane | | 04 10 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9584 |
| | mcallen | TX 78504 | 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 ▼ 1000.00 | |
| в. | Full Name (Last, First, Middle Initial) Diana Cortinas | | Date of Receipt |
| | Mailing Address 1400 Northgate Lane | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9750 |
| | mcallen | TX 78504 | 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 | |
| | Other (specify) | 1250.00 | |
| C. | Full Name (Last, First, Middle Initial) Diana Cortinas | | Date of Receipt |
| | Mailing Address 1400 Northgate Lane | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9919 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 191.68 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ |
| | Other (specify) ▼ | 1441.68 | |
| | SUBTOTAL of Receipts This Page (optional) | | 691.68 |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(for each category of the | |
|----|---|--|---|
| | | Detailed Summary Page | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any name and address of any political commi | person for the purpose of soliciting contributions ttee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Guillermo Cortinas | | Date of Receipt |
| | Mailing Address 1224 Northgate Lane | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9585 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | contribution |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 693.5 | 9 |
| в. | Full Name (Last, First, Middle Initial) Guillermo Cortinas | | Date of Receipt |
| | Mailing Address 1224 Northgate Lane | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9752 |
| | | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Other (specify) ▼ | 943.5 | 9 |
| C. | Full Name (Last, First, Middle Initial) Guillermo Cortinas | l | Date of Receipt |
| | Mailing Address 1224 Northgate Lane | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9920 |
| | | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 195.94 |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: Primary General | Aggregate Year-to-Date 🔻 | |
| | Other (specify) ▼ | 1139.53 | 3 |
| | SUBTOTAL of Receipts This Page (optional) | | 630.77 |
| | TOTAL This Period (last page this line number | only) | |

| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 31 / 144 (check only one) | |
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| ITEMIZED RECEIPTS | for each category of the | \overline{X} 11a 11b 11c 12 | |
| | Detailed Summary Page | | |
| Any information copied from such Reports and Sta | atements may not be sold or used by any person | n for the purpose of soliciting contributions | |
| or for commercial purposes, other than using the r | 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. Javier Cortinas | | Date of Receipt | |
| | Mailing Address 1400 Northgate | | |
| Maining Address 1400 Northgate | | 04 10 Y Y Y Y 04 10 2009 | |
| City | State Zip Code | Transaction ID: SA11AI.9586 | |
| mcallen | TX 78504 | Amount of Each Receipt this Period | |
| FEC ID number of contributing | | | |
| federal political committee. | | 250.00 | |
| Nome of Employer | Occupation | contribution | |
| Name of Employer self-employed | Occupation physician | | |
| Receipt For: | Aggregate Year-to-Date V | | |
| Primary General | | | |
| Other (specify) ▼ | 1000.00 | | |
| | | | |
| Full Name (Last, First, Middle Initial) | | | |
| B. Javier Cortinas | | Date of Receipt | |
| Mailing Address 1400 Northgate | | 05 / D D / Y Y Y Y 05 20 2009 | |
| City | State Zip Code | Transaction ID: SA11AI.9754 | |
| mcallen | TX 78504 | | |
| | 17 / 0004 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 250.00 | |
| | | contribution | |
| Name of Employer self-employed | Occupation | | |
| | physician | _ | |
| Receipt For: Primary General | Aggregate Year-to-Date 🔻 | | |
| Other (specify) | 1250.00 | | |
| | | | |
| Full Name (Last, First, Middle Initial) | | | |
| C. Javier Cortinas | | Date of Receipt | |
| Mailing Address 1400 Northgate | | | |
| | State Zin Code | | |
| City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9921 | |
| | TX 78504 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 250.00 | |
| | | | |
| Name of Employer self-employed | Occupation | - contribution | |
| | physician | _ | |
| Receipt For: | Aggregate Year-to-Date 🔻 | | |
| Primary General | 1500.00 | | |
| Other (specify) | | | |
| | | | |
| SUBTOTAL of Receipts This Page (optional) | | 750.00 | |
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| | | | | FOR LINE NUMBER: PAGE 32/144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| | ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a $11b$ 11c 12 |
| | | | Detailed Summary Page | |
| [| Any information copied from such Reports and S | Statements ma | y not be sold or used by any perso | on for the purpose of soliciting contributions |
| | or for commercial purposes, other than using the | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / | | | |
| Α. | Full Name (Last, First, Middle Initial) James Darling | | | Date of Receipt |
| ~ . | Mailing Address 1225 E Peking | | | |
| | Maning Ratiose 1225 ET EKing | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9588 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 150.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation private in | | |
| | Receipt For: | | | |
| | Primary General | Aggregate | e Year-to-Date 🔻 | - |
| | Other (specify) | | 600.00 | |
| | | 0.0 | | - |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | James Darling | | | Date of Receipt |
| | Mailing Address 1225 E Peking | | | M M / D D / Y Y Y Y |
| | | - | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9755 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 150.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | - contribution |
| | selfemployed | private ir | nvestor | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 750.00 | 1 |
| | Other (specify) | | 1 0 0 0 0 | |
| - | | | | |
| C. | Full Name (Last, First, Middle Initial) James Darling | | | Date of Receipt |
| 0. | Mailing Address 1225 E Peking | | | |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9922 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | ^ | | 150.00 |
| | federal political committee. | C | | 130.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | Name of Employer selfemployed | private ir | | |
| | Receipt For: | | e Year-to-Date V | |
| | Primary General | , iggi ogali | | 1 |
| | Other (specify) | | 900.00 | |
| | | | | |
| [| | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 450.00 |
| ŀ | | | | |
| | TOTAL This Period (last page this line number | r only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 33 / 144 (check only one) X 11a 11b 11c 12 |
|----|---|--|--|
| | | Detailed Summary Page | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | name and address of any political committee | e to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) David Deanda | | Date of Receipt |
| | Mailing Address 2408 Dorado | | 04 / D D / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9590 |
| | mission | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation private investor | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) David Deanda | | Date of Receipt |
| | Mailing Address 2408 Dorado | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9757 |
| | mission | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation private investor | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Other (specify) ▼ | 1250.00 | |
| C. | Full Name (Last, First, Middle Initial) David Deanda | | Date of Receipt |
| | Mailing Address 2408 Dorado | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9924 |
| | | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation private investor | contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 34 / 144 |
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| | ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 |
| ſ | | | 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 personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | | | |
| | BORDER HEALTH FEDERAL PAC | | |
| , А. | , Full Name (Last, First, Middle Initial) Jorge De La Garza | Date of Receipt | |
| | Mailing Address 120 Condor | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9591 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer self-employed | Occupation | - contribution |
| | Receipt For: | physician Aggregate Year-to-Date | -1 |
| | Primary General | 1000.00 | 1 |
| | Other (specify) ▼ | | 1 |
| B | Full Name (Last, First, Middle Initial) | 1 | Dote of Possint |
| В. | Jorge De La Garza Mailing Address 120 Condor | | Date of Receipt |
| | - | State 7:2 Code | 05 20 2009 |
| | City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9758 Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 250.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation | - contribution |
| | Receipt For: | physician Aggregate Year-to-Date V | -1 |
| | Primary General | 1250.00 | 1 |
| | Other (specify) | | 1 |
| с. | Full Name (Last, First, Middle Initial) Jorge De La Garza | | Date of Receipt |
| 0. | Mailing Address 120 Condor | | M M / D D / Y Y Y Y |
| | City | State Zip Code | 0 6 1 8 2 0 0 9 Transaction ID: SA11AI.9925 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | 250.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1500.00 | 1 |
| | | | 1 |
| | | | 750.00 |
| | SUBTOTAL of Receipts This Page (optional) | | |
| | TOTAL This Period (last page this line number | only) | |

| ļ | SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 35 / 144 (check only one) |
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| I | TEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{c c} \hline X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$ |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Luis Delgado, Jr. | | Date of Receipt |
| | Mailing Address 5128 N. 10th | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9592 |
| | Mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 600.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Luis Delgado, Jr. | | Date of Receipt |
| | Mailing Address 5128 N. 10th | | M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9759 |
| | Mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 750.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Luis Delgado, Jr. | | Date of Receipt |
| | Mailing Address 5128 N. 10th | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9926 |
| | Mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 900.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | l | 450.00 |
| ŀ | TOTAL This Period (last page this line number | | |

| | OR LINE NUMBER: PAGE 36 / 144 check only one) 11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions 11 11 12 |
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| ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol NAME OF COMMITTEE (In Full) | X 11a 11b 11c 12 13 14 15 16 17 |
| Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to sol NAME OF COMMITTEE (In Full) | 13 14 15 16 17 |
| or for commercial purposes, other than using the name and address of any political committee to sol | or the purpose of soliciting contributions |
| or for commercial purposes, other than using the name and address of any political committee to sol | or the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | icit contributions from such committee |
| | |
| BORDER HEALTH FEDERAL PAG | |
| | |
| Full Name (Last, First, Middle Initial) A. Alberto Duran | Date of Receipt |
| Mailing Address 1615 Palazzo | M M / D D / Y Y Y Y 0 4 1 0 2 0 0 9 |
| City State Zip Code | Transaction ID: SA11AI.9594 |
| mission TX 78572 | Amount of Each Receipt this Period |
| | |
| federal political committee. | 250.00 |
| Name of Employer Occupation | contribution |
| selfemployed physician | |
| Receipt For: Aggregate Year-to-Date V | |
| Primary General | |
| Other (specify) 1000.00 | |
| | |
| Full Name (Last, First, Middle Initial) | |
| B. Alberto Duran | Date of Receipt |
| Mailing Address 1615 Palazzo | 05 20 Y Y Y Y 2009 |
| City State Zip Code | Transaction ID: SA11AI.9761 |
| mission TX 78572 | Amount of Each Receipt this Period |
| FEC ID number of contributing | |
| federal political committee. | 250.00 |
| Name of Employer Occupation | contribution |
| selfemployed physician | |
| Receipt For: Aggregate Year-to-Date V | |
| Primary General Aggregate rear-to-Date | |
| Other (specify) ▼ 1250.00 | |
| Full Name (Last, First, Middle Initial) | |
| C. <u>Alberto Duran</u> | Date of Receipt |
| Mailing Address 1615 Palazzo | M M / D D / Y Y Y Y 06 18 2009 |
| City State Zip Code | Transaction ID: SA11AI.9928 |
| mission TX 78572 | Amount of Each Receipt this Period |
| | |
| | 250.00 |
| FEC ID number of contributing federal political committee. | |
| federal political committee. | contribution |
| federal political committee. | contribution |
| federal political committee. Image: Committee | contribution |
| federal political committee. Occupation Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ | contribution |
| federal political committee. Occupation Name of Employer selfemployed Occupation Receipt For: Aggregate Year-to-Date ▼ | contribution |
| federal political committee. Occupation Name of Employer selfemployed Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General | contribution |
| federal political committee. Occupation Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 | contribution 750.00 |
| federal political committee. Occupation Name of Employer selfemployed Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 37 / 144 (check only one) |
|---------|---|---|---|
| | TEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Kotthegal Eshwar | | Date of Receipt |
| | Mailing Address 108 Yellow Hammer | | M · M / D · D / Y · Y · Y · Y Y |
| | City | State Zip Code | Transaction ID: SA11AI.9763 |
| | mcallen | TX 78504 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 250.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Kotthegal Eshwar | I | Date of Receipt |
| | Mailing Address 108 Yellow Hammer | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9930 |
| | mcallen | TX 78504 | 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: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 300.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Antonio Esparza | | Date of Receipt |
| - | Mailing Address 136 W. Yucca | | M M / D D / Y Y Y Y 0 4 1 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9597 |
| | mcallent | 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: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1000.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | I | 350.00 |
| F | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 38 / 144 (check only one) X 11a 11b 11c 12 |
|---------|---|--|---|
| | | Detailed Summary Page | |
| | 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 perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Antonio Esparza | | Date of Receipt |
| | Mailing Address 136 W. Yucca | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9764 |
| | mcallent | 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: | Aggregate Year-to-Date ▼ | 1 |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Antonio Esparza | | Date of Receipt |
| | Mailing Address 136 W. Yucca | | M M / D D / Y Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9931 |
| | mcallent | 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: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| - с. | Full Name (Last, First, Middle Initial) Maria Elena Falcon | | Date of Receipt |
| | Mailing Address 2212 Westway | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9598 |
| | mcallen | TX 78504 | 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 ▼ 1000.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | · | |

| | | | | | FOR LINE NUMBER: PAGE 39 / 144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate scheo | | (check only one) |
| | TEMIZED RECEIPTS | | for each category o Detailed Summary | | X 11a 11b 11c 12 |
| | | | Detailed Ourninary | age | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma e name and ad | y not be sold or used by dress of any political co | y any person mmittee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | | |
| | BORDER HEALTH FEDERAL PAC | | | | |
| ۹. | Full Name (Last, First, Middle Initial) Maria Elena Falcon | | | | Date of Receipt |
| | Mailing Address 2212 Westway | | | | 05 / 20 / Y Y Y Y 2009 |
| | City | State | Zip Code | | Transaction ID: SA11AI.9765 |
| | mcallen | TX | 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 |
| | Name of Employer self-employed | Occupatio physicial | | | contribution |
| | Receipt For: | 1 ' ' | e Year-to-Date 🔻 | | 1 |
| | Primary General | 33 3 | | 0.00 | |
| | Other (specify) | 0 0 | 125 | 50.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Maria Elena Falcon | | | | Date of Receipt |
| | Mailing Address 2212 Westway | | | | 06 / ^D D / <u>Y Y Y Y</u> 18 2009 |
| | City | State | Zip Code | | Transaction ID: SA11AI.9932 |
| | mcallen | TX | 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 250.00 |
| | Name of Employer self-employed | Occupatio | | | contribution |
| | Receipt For: | physicia | | | - |
| | Primary General | Aggregate | e Year-to-Date 🔻 | | |
| | Other (specify) | 0 0 | 150 | 00.00 | |
| _). | Full Name (Last, First, Middle Initial) Alberto Felici | | | | Date of Receipt |
| | Mailing Address 2309 W. Greenbriar S | Square | | | 0 4 1 0 2 0 0 9 |
| | City | State | Zip Code | | Transaction ID: SA11AI.9599 |
| | mcallen | TX | 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 100.00 |
| | Name of Employer self-employed | Occupation physicial | | | contribution |
| | Receipt For: | | e Year-to-Date 🔻 | | 1 |
| | Primary General Other (specify) ▼ | | | 00.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | ► | 600.00 |
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| | TOTAL This Period (last page this line number | r only) | | 🕨 | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 40 / 144 (check only one) |
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| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Alberto Felici | | | Date of Receipt |
| | Mailing Address 2309 W. Greenbriar So | quare | | 05 / 20 / Y Y Y Y 095 / 20 / 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9766 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer self-employed | Occupatio physiciar | | contribution |
| | Receipt For: | 1 1 | e Year-to-Date 🔻 | - |
| | Other (specify) | 0 0 | 500.00 | |
| в. | Full Name (Last, First, Middle Initial) Alberto Felici | | | Date of Receipt |
| | Mailing Address 2309 W. Greenbriar So | quare | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9933 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 100.00 |
| | Name of Employer self-employed | Occupatio physiciar | | - contribution |
| | Receipt For: | 1 1 2 | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| C. | Full Name (Last, First, Middle Initial) Marco Flores | | | Date of Receipt |
| | Mailing Address 320 Primrose | | | M M / D D / Y Y Y Y 0 4 1 0 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9600 |
| | mcallen | ТХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employed | Occupatio physiciar | | Contribution |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) | 0 0 | 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | • | 450.00 |
| | TOTAL This Period (last page this line number | only) | | |

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| ; | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 41 / 144 |
| 1 | | | for each category of the | (check only one) |
| | | | Detailed Summary Page | |
| Г | Any information panied from such Departs and C | totomonto mo | u not be cold or yead by any name | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| h | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| Α. | Marco Flores Mailing Address 320 Primrose | | | Date of Receipt |
| | Mailing Address 320 Primrose | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9767 |
| | mcallen | ΤХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer self-employed | Occupatio | | |
| | Receipt For: | physicia | | |
| | Primary General | Aggregate | e Year-to-Date 🔻 | - |
| | Other (specify) | | 1250.00 | |
| | | 0 0 | | - |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Marco Flores | | | Date of Receipt |
| | Mailing Address 320 Primrose | | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | |
| | mcallen | TX | • | Transaction ID: SA11AI.9934 |
| | | | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer self-employed | Occupatio | | contribution |
| | · · | physicia | | _ |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 1500.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Eugenio Galindo | | | Date of Receipt |
| | Mailing Address 5936 N. Cynthia | | | 0 4 1 0 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9602 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | | | 7000+ | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | · | | | contribution |
| | Name of Employer self-employed | Occupatio | | |
| | Receipt For: | physicia | | |
| | Primary General | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 1000.00 | |
| | | | 0 0 0 0 0 0 0 | * |
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| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
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| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 144 (check only one) |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may r | not be sold or used by any perso | 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia | | | Date of Receipt |
| | | | | 05 20 2009 |
| | City mcallen | State TX | Zip Code | Transaction ID: SA11AI.9769 |
| | FEC ID number of contributing federal political committee. | C | 78504 | Amount of Each Receipt this Period |
| | Name of Employer self-employed | Occupation physician | | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | 1 1 | Year-to-Date ▼ 1250.00 |] |
| в. | Full Name (Last, First, Middle Initial) Eugenio Galindo | | | Date of Receipt |
| | Mailing Address 5936 N. Cynthia | | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9936 |
| | mcallen | TX | 78504 | 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: | 1 1 2 | <pre>/ear-to-Date ▼</pre> | |
| | Other (specify) | | 1500.00 |] |
| C. | Full Name (Last, First, Middle Initial) Elvin Garcia | | | Date of Receipt |
| | Mailing Address 2800 Santa Teresa | | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9603 |
| | 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 | | |
| | Receipt For: | Aggregate Y | 'ear-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | TOTAL This Period (last page this line number | r only) | • | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 144 (check only one) X X 11a 11b 11c 12 |
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| | 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 person name and address of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa | | Date of Receipt |
| | | | 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9770 |
| | 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 Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| - B. | Full Name (Last, First, Middle Initial) Elvin Garcia | | Date of Receipt |
| | Mailing Address 2800 Santa Teresa | | M M / D D Y |
| | City | State Zip Code | Transaction ID: SA11AI.9937 |
| | 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: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Hiram Garcia | | Date of Receipt |
| | Mailing Address 2712 E Mile 5 Road | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9604 |
| | Mission | TX 78574 | 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: | Aggregate Year-to-Date | _ |
| | Primary General Other (specify) ▼ | 1000.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | ······ | 750.00 |
| | TOTAL This Period (last page this line number | | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule for each category of the Detailed Summary Pag | $\begin{array}{c c} \hline \\ \hline $ |
|---------|---|---|--|
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | name and address of any political comm | littee to solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road | | Date of Receipt |
| | | | 05 20 2009 |
| | City Mission | State Zip Code TX 78574 | Transaction ID: SA11AI.9771 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | |
| | Name of Employer selfemployed Receipt For: Primary General Other (specify) | Occupation physician Aggregate Year-to-Date ▼ 1250.0 | contribution |
| – B. | Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road | | |
| | City | State Zip Code | 0 6 1 8 2 0 0 9 Transaction ID: SA11AI.9938 |
| | Mission | TX 78574 | 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 1500.0 | 00 |
| | Full Name (Last, First, Middle Initial) Rene Garza | | Date of Receipt |
| | Mailing Address 5404 N. 1st street | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9607 |
| | mcallen FEC ID number of contributing federal political committee. | TX 78504 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed | Occupation private investor | contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.0 | 00 |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | 750.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | Statements may not be sold or used by any pers a name and address of any political committee t | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed | State Zip Code TX 78504 C Occupation private investor | Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9 Transaction ID: SA11AI.9774 Amount of Each Receipt this Period 250.00 contribution |
| _ | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |
| В. | Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General | State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date | Date of Receipt M M / D D / Y |
| - C. | City Other (specify) ▼ Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive | State Zip Code | Date of Receipt 04' 10' 2009 Transaction ID: SA11AI.9608 |
| | mcallen FEC ID number of contributing federal political committee. Name of Employer | TX 78503 C Occupation | Amount of Each Receipt this Period 250.00 contribution |
| | Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | physician Aggregate Year-to-Date ▼ 1000.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | 750.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate sch for each category Detailed Summar | |
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| | Any information copied from such Reports and S | tatements may not be sold or used | by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) | | Date of Receipt |
| | Mailing Address 3900 Sundown Drive | | 05 ^D /20 ^Y YYY 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9775 |
| | mcallen | TX 78503 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1: | 250.00 |
| в. | Full Name (Last, First, Middle Initial) Lawrence Gelman | | Date of Receipt |
| | Mailing Address 3900 Sundown Drive | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9942 |
| | mcallen | TX 78503 | 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: | Aggregate Year-to-Date V | |
| | Other (specify) | 1: | 500.00 |
| C. | Full Name (Last, First, Middle Initial) Robert Genovese | | Date of Receipt |
| | Mailing Address 2208 Summer Breeze | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9609 |
| | mission | TX 78572 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 969.35 |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | only) | |

| | CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | |
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| | Any information copied from such Reports and Si r for commercial purposes, other than using the | atements may not be sold or used by any name and address of any political committ | 13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Robert Genovese | Date of Receipt | |
| | Mailing Address 2208 Summer Breeze | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9776 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer selfemployed | Occupation | contribution |
| | Receipt For: | physician Aggregate Year-to-Date | |
| | Primary General | | |
| | Other (specify) | 1219.35 | |
| в. | Full Name (Last, First, Middle Initial) Robert Genovese | | Date of Receipt |
| | Mailing Address 2208 Summer Breeze | | 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9943 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 185.79 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1405.14 | |
| – C. | Full Name (Last, First, Middle Initial) Alvaro Giraldo | | Date of Receipt |
| | Mailing Address 106 W. Flamingo | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9610 |
| | 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: | Aggregate Year-to-Date 🔻 | |
| | Other (specify) | 400.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 535.79 |
| F | TOTAL This Period (last page this line number of | | |

| or for o | a server and a s | tements may not be sold or used by any perso | 13 14 15 16 17 In for the purpose of soliciting contributions |
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| | ORDER HEALTH FEDERAL PAC | ame and address of any political committee to | solicit contributions from such committee. |
| A . <u>Alv</u> | III Name (Last, First, Middle Initial) varo Giraldo ailing Address 106 W. Flamingo | State Zip Code | Date of Receipt $ \begin{array}{c} $ |
| | callen | TX 78504 | Transaction ID: SA11AI.9777 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | 100.00 |
| se | ame of Employer Ifemployed eceipt For: Primary General Other (specify) | Occupation physician Aggregate Year-to-Date ▼ 500.00 | <pre>contribution </pre> |
| B. Alv | III Name (Last, First, Middle Initial) varo Giraldo ailing Address 106 W. Flamingo | | Date of Receipt |
| Cit | tv | State Zip Code | Transaction ID: SA11AI.9944 |
| | callen | TX 78504 | Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | | 100.00 |
| se | ame of Employer Ifemployed | Occupation physician | |
| Re | eceipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 |] |
| | III Name (Last, First, Middle Initial) fredo Gonzalez | | Date of Receipt |
| | ailing Address 2305 Monaco Drive | | 04 / 10 / Y Y Y Y Y 04 / 10 |
| Cit | - | State Zip Code | Transaction ID: SA11AI.9614 |
| FE | ission EC ID number of contributing deral political committee. | TX 78574 | Amount of Each Receipt this Period |
| Na | ame of Employer Ifemployed | Occupation physician | - contribution |
| Re | eceipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date V 1000.00 |] |
| SUB. | TOTAL of Receipts This Page (optional) | | 450.00 |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 49 / 144 |
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| | . , | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| ſ | | | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may | y not be sold or used by any perso | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | , hame and add | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| Α. | Full Name (Last, First, Middle Initial) Alfredo Gonzalez | | | Date of Receipt |
| | Mailing Address 2305 Monaco Drive | | | M M / D D / Y Y Y Y |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9781 |
| | mission | TX | 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | · | | | contribution |
| | Name of Employer selfemployed | Occupation | | |
| | Receipt For: | physiciar | | _ |
| | Primary General | Aggregate | e Year-to-Date | - |
| | Other (specify) | | 1250.00 | |
| | | | | - |
| | Full Name (Last, First, Middle Initial) | • | | |
| В. | Alfredo Gonzalez | | | Date of Receipt |
| | Mailing Address 2305 Monaco Drive | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9948 |
| | mission | ТХ | 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | - contribution |
| | selfemployed | physiciar | ı | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 1500.00 | 1 |
| | Other (specify) | 0 0 | | 1 |
| С. | Full Name (Last, First, Middle Initial) Jaime Gonzalez | | | Date of Receipt |
| 0. | Mailing Address 3511 Plazas del Lago | | | |
| | 001111122000124g0 | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9615 |
| | edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | | contribution |
| | | private in | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 1000.00 | |
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| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
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| ; | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 50 / 144 (check only one) |
| | TEMIZED RECEIPTS | | for each category of the | |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
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| | Any information copied from such Reports and Si or for commercial purposes, other than using the | name and add | ress of any political committee to | o solicit contributions from such committee. |
| k | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| Z | Full Name (Last, First, Middle Initial) | | | |
| Α. | Jaime Gonzalez | | | Date of Receipt |
| | Mailing Address 3511 Plazas del Lago | M M / D D / Y Y Y Y | | |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9782 |
| | edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | | - contribution |
| | selfemployed | private inv | | |
| | Receipt For: | 1 1 | Year-to-Date V | -1 |
| | Primary General | Aggregate | | 1 |
| | Other (specify) | | 1250.00 | |
| | | 0 0 | | |
| - | Full Name (Last, First, Middle Initial) | 1 | | |
| В. | Jaime Gonzalez | | | Date of Receipt |
| | Mailing Address 3511 Plazas del Lago | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9949 |
| | edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | - contribution |
| | selfemployed | private inv | | |
| | Receipt For: | 1 1 . | Year-to-Date V | — |
| | Primary General | riggregate | | 1 |
| | Other (specify) | | 1500.00 | |
| | | | | |
| - | Full Name (Last, First, Middle Initial) | • | | |
| C. | Juan Gonzalez-Dickson | | | Date of Receipt |
| | Mailing Address 1501 Meadwood | | | M M / D D / Y Y Y Y |
| | <u></u> | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9613 |
| | weslaco | TX | 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | | - contribution |
| | self-employed | physician | | |
| | Receipt For: | 1 1 | Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) | | 1000.00 | |
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| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 51 / 144 (check only one) X 11a 11b 11c 12 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson | | Date of Receipt |
| | Mailing Address 1501 Meadwood | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9780 |
| | weslaco | TX 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer self-employed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| - B. | 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 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9946 |
| | weslaco | TX 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer self-employed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| - с. | Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt |
| | Mailing Address 1700 E. Mile 3 Road | | M M / D D / Y Y Y Y Y 04 10 2009 |
| | City mission | State Zip Code TX 78574 | Transaction ID: SA11AI.9616 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 ▼ 1000.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
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| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 144 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | 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 person name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt |
| | Mailing Address 1700 E. Mile 3 Road | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9784 |
| | mission | TX 78574 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | - |
| | Primary General Other (specify) | 1250.00 |] |
| — В. | Full Name (Last, First, Middle Initial) Verley Gordon | | Date of Receipt |
| | Mailing Address 1700 E. Mile 3 Road | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9951 |
| | mission | TX 78574 | 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: | Aggregate Year-to-Date V | - |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| – c. | Full Name (Last, First, Middle Initial) Enrique Griego | | Date of Receipt |
| 0. | Mailing Address 905 Inspiratin Drive | | 0 4 1 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9617 |
| | pharr | TX 78577 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) | 1000.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | L | 750.00 |
| F | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 144 (check only one) |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | |
| | BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Enrique Griego | | Date of Receipt |
| | Mailing Address 905 Inspiratin Drive | | 05 / 20 / Y Y Y Y |
| | City | State Zip Code | Transaction ID: SA11AI.9785 |
| | pharr | TX 78577 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| В. | Full Name (Last, First, Middle Initial) Enrique Griego | | Date of Receipt |
| | Mailing Address 905 Inspiratin Drive | | M M / D D / Y Y Y Y 06 / 18 / 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9952 |
| | | TX 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: Primary General | Aggregate Year-to-Date 🔻 | |
| | Other (specify) ▼ | 1500.00 | |
| C. | Full Name (Last, First, Middle Initial) John Guerra | | Date of Receipt |
| | Mailing Address 3105 Forest Court | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9619 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 100.00 |
| | Name of Employer selfemployed | Occupation physician | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 400.00 | |
| | SUBTOTAL of Receipts This Page (optional) | •••••• | 600.00 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 54 / 144 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| k | | | | |
| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| Α. | , Full Name (Last, First, Middle Initial) John Guerra | | | Date of Receipt |
| Α. | Mailing Address 3105 Forest Court | | | |
| | Shamiy kan see Short breat bount | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9787 |
| | mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 100.00 |
| | federal political committee. | C | | 100.00 |
| | Nome of Employer | Occupatio | ~ | contribution |
| | Name of Employer selfemployed | physiciar | | |
| | Receipt For: | 1 1 2 | Year-to-Date V | _ |
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| | Other (specify) | | 500.00 | |
| | | 0.0 | | |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | John Guerra | | | Date of Receipt |
| | Mailing Address 3105 Forest Court | | | 0 6 / D D / Y Y Y Y 0 6 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9954 |
| | mission | ТХ | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 100.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation physiciar | | |
| | Receipt For: | 1 1 | | - |
| | Primary General | Aggregate | e Year-to-Date | - |
| | Other (specify) | | 600.00 | |
| | | | | |
| - С. | Full Name (Last, First, Middle Initial) Marcy Guerra | | | Date of Receipt |
| 0. | Mailing Address 13337 Borolo Drive | | | |
| | | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9620 |
| | edinburg | ТХ | 78541 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | ^ | | 250.00 |
| | federal political committee. | C | | 230.00 |
| | Name of Employer | Occupation | n | contribution |
| | Name of Employer selfemployed | physiciar | | |
| | Receipt For: | 1 1 2 | Year-to-Date V | - |
| | Primary General | - iggi ogaio | | 1 |
| | Other (specify) | | 1000.00 | |
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| Mailing Address 13337 Borolo Drive City State Zip Code edinburg TX 78541 FEC ID number of contributing C 250.00 rederal political committee. C 250.00 Name of Employed Occupation physician Receipt For: 0 cf 1250.00 City State Zip Code Mailing Address 13337 Borolo Drive 0 contribution City General 0 for (specify) ▼ Date of Receipt Mailing Address 13337 Borolo Drive 1250.00 0 for 18 / 2.00.9 City State Zip Code TX 78541 Mailing Address 13337 Borolo Drive 0 for 18 / 2.00.9 Transaction ID: SA11AI.9955 City State Zip Code TX 78541 FEC ID number of contributing federal political committee. C 18 / 2.00.9 250.00 Receipt For: Occupation Physician Aggregate Year-to-Date ▼ Contribution Primary General Occupation Aggregate Year-to-Date ▼ Contribution Primary | | | | | 1 |
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| ITEM/ZED RECEIPTS toreach catagory of the Detailed summary Page The Detailed summary Page The Detailed summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of solicit contributions of contributions from such committee. Image: Detailed summary Page The Detailed summary Page NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initia) Date of Receipt Margy Georg Columber of contributing free range Columber of contributing free range Date of Receipt Gity general pointed committee. Columber of contributing free range Columber of contributing free range Columber of contributing free range Primary General Official committee. Columber of contributing free range Columber of contributing free range Columber of contributing free range Primary General Official committee. Columber of contributing free range Columber of contributing free range Columber of contributing free range Be difficult range Columber of contributing free range Columber of contributing free range Columber of contributing free range Full Name (Last, First, Middle Initia) Margy Georeal of free range Columber of contributing free range Columber of contributing free range Full Name (Last, First, Middle Initia) Margy Georeal op | | SCHEDULE A (FEC Form 3X) | | Lise separate schedule(s) | |
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| | Mailing Address 511 N. Depot Road | | | 05 20 Y Y Y Y 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9791 |
| | edinburg | ТХ | 78541 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | n | - contribution |
| | selfemployed | physiciar | | |
| | Receipt For: | 1 1 | Year-to-Date V | |
| | Primary General | | 1250.00 | 1 |
| | Other (specify) | 0 0 | 1250.00 |] |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Marco Gutierrez | | | Date of Receipt |
| | Mailing Address 511 N. Depot Road | | | 06 18 Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9958 |
| | edinburg | ТХ | 78541 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupation | | - contribution |
| | | physiciar | | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date | |
| | Primary General Other (specify) ▼ | 0 0 | 1500.00 |] |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Miguel Gutierrez | | | Date of Receipt |
| | Mailing Address 224 Lindberg | | | 04 10 Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9624 |
| | mcallen | ТΧ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | 0 | | 250.00 |
| | federal political committee. | C | | |
| | Name of Employer selfemployed | Occupation | | contribution |
| | | physiciar | | _ |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Other (specify) ▼ | | 1000.00 | |
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| ſ | SUBTOTAL of Respire This Resp. (antional) | | | 750.00 |
| ŀ | SUBTOTAL of Receipts This Page (optional) | | | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 59 / 144 (check only one) X 11a 11b 11c 12 |
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| | Any information copied from such Reports and S | | , , | 13 14 15 16 17 |
| | or for commercial purposes, other than using the | e name and addres | ss of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Miguel Gutierrez | | | Date of Receipt |
| | Mailing Address 224 Lindberg | | | 05 / 20 / Y Y Y Y 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9792 |
| | mcallen | TX | 78501 | 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: | 1 | ear-to-Date 🔻 | |
| | Other (specify) | | 1250.00 |] |
| В. | Full Name (Last, First, Middle Initial) Miguel Gutierrez | | | Date of Receipt |
| | Mailing Address 224 Lindberg | | | M · M / D · D Y Y · Y < |
| | City | State | Zip Code | Transaction ID: SA11AI.9959 |
| | | TX | 78501 | 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: | Aggregate Ye | ear-to-Date 🔻 | |
| | Other (specify) | | 1500.00 |] |
| C. | Full Name (Last, First, Middle Initial) Anna Lisa Guzman | 1 | | Date of Receipt |
| | Mailing Address P.O. Box 720235 | | | 05 / ^D ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y |
| | City | State | Zip Code | Transaction ID: SA11AI.9793 |
| | McAllen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer selfemployed | Occupation physician a | ssistant | |
| | Receipt For: | Aggregate Ye | ear-to-Date V | |
| | Other (specify) | | 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | •••••• | 550.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 144 (check only one) |
|---|--|--|
| NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P | s and Statements may not be sold or used by any personing the name and address of any political committee to AC | Solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Anna Lisa Guzman Mailing Address P.O. Box 720235 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78504 C Occupation physician assistant Aggregate Year-to-Date ▼ 300.00 | Date of Receipt M M / D D / Y |
| Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | e South State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date ▼ | Date of Receipt 0 4 1 0 2 0 0 9 Transaction ID: SA11AI.9626 Amount of Each Receipt this Period 250.00 contribution |
| Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | e South State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date 1250.00 | Date of Receipt <u>05</u> / <u>20</u> / <u>2009</u> Transaction ID: SA11AI.9794 Amount of Each Receipt this Period 250.00 contribution |
| SUBTOTAL of Receipts This Page (opti | onal) | 550.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 61 / 144 (check only one) X 11a 11b 11c 12 | | |
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| | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | | n for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | |
| Α. | Full Name (Last, First, Middle Initial) Victor Haddad | Date of Receipt | | | |
| | Mailing Address 4008 Burns Drive Sout | 06 / ^D D D / <u>Y Y Y Y Y</u> 06 18 2009 | | | |
| | City | State Zip Code | | | |
| | mcallen | TX 78503 | 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: | Aggregate Year-to-Date ▼ | _ | | |
| | Primary General Other (specify) ▼ | 1500.00 | | | |
| В. | Full Name (Last, First, Middle Initial) Thomas Hausle | | Date of Receipt | | |
| | Mailing Address 701 South J | | 04 / 10 / Y Y Y Y 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.9627 | | |
| | McAllen | TX 78501 | 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: | Aggregate Year-to-Date 🔻 | | | |
| | Primary General Other (specify) ▼ | 300.00 | | | |
| С. | Full Name (Last, First, Middle Initial) Thomas Hausle | | Date of Receipt | | |
| | Mailing Address 701 South J | | M M / D D / Y Y Y Y Y 05 20 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.9795 | | |
| | McAllen | TX 78501 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 75.00 | | |
| | Name of Employer selfemployed | Name of EmployerOccupationselfemployedphysician | | | |
| | Receipt For: | Aggregate Year-to-Date V | | | |
| | Primary General Other (specify) ▼ | 375.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | ······ | 400.00 | | |
| | TOTAL This Period (last page this line number | · | | | |

| l | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 144 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions collicit experimentary 10b 10b 10b |
|---------|---|---|---|
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J | | Date of Receipt |
| | | State Zip Code | Transaction ID: SA11AI.9962 |
| | McAllen FEC ID number of contributing federal political committee. | TX 78501 | Amount of Each Receipt this Period 75.00 |
| | Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | Occupation physician Aggregate Year-to-Date ▼ 450.00 | contribution |
| - B. | Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.9630 |
| | mcallen | TX 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 174.92 |
| | Name of Employer self-employed | Occupation private investor | - contribution |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate Year-to-Date ▼ 611.26 |] |
| - C. | Full Name (Last, First, Middle Initial) Robert Helbing | | Date of Receipt |
| | Mailing Address 820 Tamarack | | 05 / 20 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9796 |
| | mcallen FEC ID number of contributing | TX 78501 | Amount of Each Receipt this Period 194.42 |
| | Name of Employer Occupation | | - contribution |
| | Receipt For: Primary General Other (specify) \blacksquare | private investor Aggregate Year-to-Date 805.68 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | · | 444.34 |
| - | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | 444.34 |

| City State Zip Code Transaction ID: SA11AL.9963 Amount of Each Receipt His Pe Primary General Other (specify) ▼ B. Mailing Address Address 2314 Princess Street City State Primary General Other (specify) ▼ Occupation Primary General Other (specify) ▼ Occupation FEC ID number of contributing C City State Zip Code Fault Name (Last, First, Middle Initial) Agregate Year-to-Date Date of Receipt Mailing Address 3414 Princess Street City State Zip Code Facilit For: Agregate Year-to-Date Amount of Each Receipt His Pe Primary General Occupation ontribution Contribution Receipt For: Agregate Year-to-Date Primary General Occupation Date of Receipt Other (specify) ▼ 250.00 City State | SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 144 (check only one) |
|--|--|--|---|
| A. Robert Helbing Date of Reccipt Mailing Address 820 Tamarack Image: Control of Control of Control of Control of Compatibility Image: Control of Control of Control of Control of Compatibility FEC: D number of contributing federal political committee. C Image: Control of Control of Compatibility Image: Control of Control of Control of Compatibility Image: Control of Control of Control of Control of Compatibility Image: Control of Control o | or for commercial purposes, other than usi | ng the name and address of any political committee to | solicit contributions from such committee. |
| B. Ms Monica Hensler Date of Receipt Mailing Address 3414 Princess Street Image: Control of the second street Image: Control of the second street City State Zip Code Transaction ID: SA11AI.9964 FEC ID number of contributing federal political committee. C Image: Contribution selfemployed Occupation Primary General Occupation Occupation Contribution Primary General Other (specify) ▼ Image: Control of the second streng second | 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 General | TX 78501 C Occupation private investor Aggregate Year-to-Date | M M / D D Y |
| C. Ambrosio Hernandez Date of Receipt Mailing Address 2000 Dana ^M 0 4 ^I 10 ^I 2 0 ^I 2 0 ^I 10 ^I 2 0 ^I 2 0 ^I 10 ^I 2 0 ^I 2 | B. Ms Monica Hensler Mailing Address 3414 Princess St City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General | State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date | M m / D D Y |
| Other (specify) | C. Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: | TX 78577 C Occupation physician | M M / D D / Y |
| SUBTOTAL of Receipts This Page (optional) | SUBTOTAL of Receipts This Page (optic | nal) | 440.08 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 64 / 144 (check only one) X 11a 11b 11c 12 | | |
|---------|---|---|---|--|--|
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | |
| ∡ A. | Full Name (Last, First, Middle Initial) Ambrosio Hernandez | Date of Receipt | | | |
| | Mailing Address 2000 Dana | | 05 20 Y Y Y Y 05 20 09 | | |
| | City | · · | | | |
| | Pharr | TX 78577 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physician | - contribution | | |
| | Receipt For: | | | | |
| | Primary General Other (specify) ▼ | 1250.00 |] | | |
| В. | Full Name (Last, First, Middle Initial) Ambrosio Hernandez | I | Date of Receipt | | |
| | Mailing Address 2000 Dana | M M / D D / Y Y Y Y 0 6 1 8 2 0 0 9 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9965 | | |
| | Pharr | TX 78577 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physician | - contribution | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | |
| | Primary General Other (specify) ▼ | 1500.00 |] | | |
| С. | Full Name (Last, First, Middle Initial) Maximiliano Hernandez | I | Date of Receipt | | |
| | Mailing Address 301 Byron Nelson Driv #40 Villas Jardin | e | M M / D D / Y Y Y Y Y 04 10 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.9633 | | |
| | mcallen | TX 78503 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physician | - contribution | | |
| | Receipt For: | Aggregate Year-to-Date V | | | |
| | Primary General Other (specify) ▼ | 1000.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | ······ | 750.00 | | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 144 (check only one) 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and Sta or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) | atements may r name and addr | not be sold or used by any perso ess of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Maximiliano Hernandez | Date of Receipt | | |
| | Mailing Address 301 Byron Nelson Drive #40 Villas Jardin | 05 20 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9799 |
| | mcallen FEC ID number of contributing federal political committee. | | 78503 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed | Occupation | | contribution |
| | Receipt For: | physician Aggregate | Year-to-Date V | - |
| | Other (specify) ▼ | | 1250.00 |] |
| в. | Full Name (Last, First, Middle Initial) Maximiliano Hernandez | | | Date of Receipt |
| | Mailing Address 301 Byron Nelson Drive #40 Villas Jardin | 0 6 / D D / Y Y Y Y 2 0 0 9 | | |
| | City mcallen | State TX | Zip Code 78503 | Transaction ID: SA11AI.9966 |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period |
| | Name of Employer selfemployed | Occupation physician | | - contribution |
| | Receipt For: | | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 1500.00 |] |
| C. | Full Name (Last, First, Middle Initial) Maria Hoffman | | | Date of Receipt |
| | Mailing Address 802 Inspiration Road | | | M M / D D / Y Y Y Y Y 04 10 2009 |
| | City pharr | State TX | Zip Code 78577 | Transaction ID: SA11AI.9618 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 Y | Year-to-Date V 1000.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | TOTAL This Period (last page this line number o | only) | ····· | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 66 / 144 (check only one) |
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| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| | or for commercial purposes, other than using the | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| , ² | Full Name (Last, First, Middle Initial) | Data of Descipt | | |
| Α. | Maria Hoffman | | | Date of Receipt |
| | Mailing Address 802 Inspiration Road | | | 05 20 2009 |
| | City State Zip Code | | | Transaction ID: SA11AI.9786 |
| | pharr | ТΧ | 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio | | |
| | Receipt For: | physicial | | |
| | Primary General | Aggregate | e Year-to-Date | - |
| | Other (specify) | | 1250.00 | |
| | | | | |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Maria Hoffman | | | Date of Receipt |
| | Mailing Address 802 Inspiration Road | | | 0 6 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9953 |
| | pharr | TX | 78577 | Amount of Each Receipt this Period |
| | * | | 10311 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio | | Contribution |
| | | physiciai | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date 🔻 | _ |
| | Other (specify) | | 1500.00 | |
| | | 0 0 | | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Vincent Honrubia | | | Date of Receipt |
| | Mailing Address 204 Rio Grande | | | 0 4 1 0 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9635 |
| | mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio | | |
| | Receipt For: | physicial | | -1 |
| | Primary General | Aggregate | e Year-to-Date 🔻 | - |
| | Other (specify) | | 1000.00 | |
| | | | | 1 |
| Γ | | • | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
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| | TOTAL This Period (last page this line number of | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 144 (check only one) X X 11a 11b 11c | | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | y not be sold or used by any perso dress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | |
| A. | Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande | | | Date of Receipt | | |
| | | | 05 20 2009 | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9800 | | |
| | mission | TX | 78572 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physiciar | | - contribution | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Other (specify) | 0 0 | 1250.00 |] | | |
| в. | Full Name (Last, First, Middle Initial) Vincent Honrubia | | | Date of Receipt | | |
| | Mailing Address 204 Rio Grande | | | M M / D D / Y Y Y Y 0 6 18 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9967 | | |
| | mission | TX | 78572 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physiciar | | - contribution | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | | |
| | Other (specify) | 0.0 | 1500.00 |] | | |
| C. | Full Name (Last, First, Middle Initial) Gauri Kanhere | | | Date of Receipt | | |
| | Mailing Address 2548 Palm Circle | | | M M / D D / Y Y Y Y 0 4 10 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9638 | | |
| | rio grande city | TX | 78582 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physiciar | | contribution | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | _ | | |
| | Other (specify) | 0 0 | 1000.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 | | |
| | TOTAL This Period (last page this line number | r only) | | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 68 / 144 (check only one) X 11a 11b 11c 12 |
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| | | Detailed Summary Page | |
| | 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 perso name and address of any political committee to | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Gauri Kanhere | Date of Receipt | |
| | Mailing Address 2548 Palm Circle | 05 / D D / Y Y Y Y 05 / 20 / 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.9803 |
| | rio grande city | TX 78582 | 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: | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 1250.00 | |
| В. | Full Name (Last, First, Middle Initial) Gauri Kanhere | I | Date of Receipt |
| | Mailing Address 2548 Palm Circle | | M · M / D · D / Y · Y · Y · Y Y 0 6 1 8 2 0 0 9 2 |
| | City | State Zip Code | Transaction ID: SA11AI.9970 |
| | rio grande city | TX 78582 | 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: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1500.00 | |
| C. | Full Name (Last, First, Middle Initial) Gholam Kiani | | Date of Receipt |
| | Mailing Address 213 e. Xenops | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9640 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer selfemployed | - contribution | |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | I | 750.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 144 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | 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 person name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Gholam Kiani | | Date of Receipt |
| | Mailing Address 213 e. Xenops | 01-1- 7 '- 0-1- | |
| | City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9805 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |
| В. | Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops | | Date of Receipt |
| | | | 0 6 1 8 Y Y Y Y Y 0 9 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9972 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | Contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| с. | Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street | | Date of Receipt |
| | | | 04 10 2009 |
| | City <u>mcallen</u> | State Zip Code TX 78504 | Transaction ID: SA11AI.9641 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 ▼ 1000.00 | 1 |
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| | SUBTOTAL of Receipts This Page (optional) | ••••••• | 750.00 |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 144 (check only one) |
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| | 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 pers name and address of any political committee t | 13 14 15 16 17 son for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz | Date of Receipt | |
| | Mailing Address 5111 N. 10th Street | 05 20 Y Y Y Y 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.9806 |
| | 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 | |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1250.00 | |
| – В. | Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz | | Date of Receipt |
| | Mailing Address 5111 N. 10th Street | M M / D D / Y Y Y Y 06 18 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.9973 |
| | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) Image: Constraint of the second | 1500.00 | |
| – C. | Full Name (Last, First, Middle Initial) Alejandro Kudisch | | Date of Receipt |
| | Mailing Address 323 Nightingale | | 0 4 1 0 Y Y Y Y 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9642 |
| | | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physcian | contribution |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| F | TOTAL This Period (last page this line number | | |

| | | | | FOR LINE NUMBER: PAGE 71 / 144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| | TEMIZED RECEIPTS | for each category of the | X 11a $11b$ 11c 12 | |
| | | | Detailed Summary Page | |
| [| Any information copied from such Reports and S | Statements ma | ay not be sold or used by any perso | on for the purpose of soliciting contributions |
| | or for commercial purposes, other than using the | e name and ad | Idress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| Z | / | | | |
| Α. | Full Name (Last, First, Middle Initial) Alejandro Kudisch | Date of Receipt | | |
| ~ · | Mailing Address 323 Nightingale | | | |
| | maning / dat coor 525 Nightingale | | | 05 20 2009 |
| | City State | | Zip Code | Transaction ID: SA11AI.9807 |
| | mcallen | ΤX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | | contribution |
| | selfemployed | | | |
| | Receipt For: Aggregate Year-to-Date V | | | |
| | Primary General | Aggregat | | |
| | Other (specify) ▼ | | 1250.00 | |
| | | <u> </u> | | - I |
| • | Full Name (Last, First, Middle Initial) | | | |
| В. | Alejandro Kudisch | | | Date of Receipt |
| | Mailing Address 323 Nightingale | | | 0 6 1 8 2 0 0 9 |
| | City State | | Zip Code | Transaction ID: SA11AI.9974 |
| | mcallen | TX | 78504 | |
| | | | 78304 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio | | contribution |
| | | physciar | 1 | _ |
| | | Aggregate | e Year-to-Date | |
| | Other (specify) | | 1500.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 |
| • | Full Name (Last, First, Middle Initial) | | | |
| C. | Jorge Kutugata | | | Date of Receipt |
| | Mailing Address Rt 2 Box 522-K | | | M M / D D / Y Y Y Y |
| | | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9643 |
| | weslaco | TX | 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | on | - contribution |
| | seirempioyea | physicia | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 1000.00 | 1 |
| | Other (specify) | 0 0 | | |
| ı | | | | |
| | | | | 750.00 |
| | SUBTOTAL of Receipts This Page (optional) | | I | |
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| | TOTAL This Period (last page this line number | r oniy) | | |

| ę | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 72 / 144 | |
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| | TEMIZED RECEIPTS | for each category of the | (check only one) | | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 | |
| Г | | | | 13 14 15 16 17 | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions | |
| k | | | | | |
| | | | | | |
| | BORDER HEALTH FEDERAL PAC | | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Jorge Kutugata | Date of Receipt | | | |
| А. | Mailing Address Rt 2 Box 522-K | | | | |
| | | | | 05 20 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9808 | |
| | weslaco | ТΧ | 78596 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | | 250.00 | |
| | federal political committee. | | | | |
| | | | | contribution | |
| | Name of Employer selfemployed | Occupation physicia | | | |
| | Receipt For: | | | | |
| | Primary General | Aggregate | e Year-to-Date 🔻 | - | |
| | Other (specify) | | 1250.00 | | |
| | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | |
| В. | Jorge Kutugata | | | Date of Receipt | |
| | Mailing Address Rt 2 Box 522-K | | | 0 6 1 8 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9975 | |
| | weslaco | TX | 78596 | | |
| | | | 78396 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | |
| | | | | contribution | |
| | Name of Employer selfemployed | Occupatio | | contribution | |
| | | physicia | n | _ | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | |
| | Primary General | | 1500.00 | | |
| | Other (specify) | 0 0 | | 1 | |
| ~ - | Full Name (Last, First, Middle Initial) | | | Data of Descint | |
| C. | Ramiro Leal Mailing Address 601 Tulip | | | Date of Receipt | |
| | Mailing Address 601 Tulip | | | 04 10 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9644 | |
| | mcallen | ТΧ | 78504 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | | | |
| | federal political committee. | C | | 250.00 | |
| | | | | contribution | |
| | Name of Employer selfemployed | Occupatio physicia | | | |
| | Receipt For: | 1 1 | e Year-to-Date 🔻 | -1 | |
| | Primary General | Aggregat | | 1 | |
| | Other (specify) | | 1000.00 | | |
| | | | | - I | |
| Γ | | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 | |
| F | - · · · · | | | | |
| | TOTAL This Period (last page this line number | | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 144 (check only one) |
|---------|---|--|---|
| Γ | 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 perso name and address of any political committee to | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Ramiro Leal | Date of Receipt | |
| | Mailing Address 601 Tulip | | |
| | City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9809 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1250.00 | |
| - B. | Full Name (Last, First, Middle Initial) Ramiro Leal | | Date of Receipt |
| | Mailing Address 601 Tulip | | 0 6 / 1 8 / Y Y Y Y 2 0 0 9 |
| | City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9976 |
| | 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 | Aggregate Year-to-Date ▼ | |
| | Other (specify) | 1500.00 | |
| - С. | Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.9645 |
| | austin | TX 78703 | 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 ▼ 1000.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | ······ | 750.00 |
| ľ | TOTAL This Period (last page this line number | only) | |

| | | | | FOR LINE NUMBER: PAGE 74 / 144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| | ITEMIZED RECEIPTS | | for each category of the | X 11a $11b$ 11c 12 |
| | | | Detailed Summary Page | |
| [| Any information copied from such Reports and S | statements may | v not be sold or used by any perso | on for the purpose of soliciting contributions |
| | or for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / | | | |
| Α. | Full Name (Last, First, Middle Initial) Dale Linebarger | Date of Receipt | | |
| 2 | Mailing Address 901 West 9th Street | | | |
| | #405 | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9810 |
| | <u>austin</u> | ТХ | 78703 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | 230.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | Name of Employer self-employed | | | |
| | Receipt For: | | | |
| | Primary General | Aggregate | e Year-to-Date | 1 |
| | Other (specify) | | 1250.00 | |
| | | | | - |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | Dale Linebarger | | | Date of Receipt |
| | Mailing Address 901 West 9th Street #405 | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9977 |
| | austin | ТХ | 78703 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | self-employed | private ir | | |
| | Receipt For: | 1 1 . | e Year-to-Date V | - |
| | Primary General | riggrogate | | 1 |
| | Other (specify) 🔻 | | 1500.00 | |
| | | | | - |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Mr. Rolando Longoria | | | Date of Receipt |
| | Mailing Address 32243 Road 83 | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9978 |
| | San Benito | TX | 78586 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 50.00 |
| | · · · · · · · · · · · · · · · · · · · | | | contribution |
| | Name of Employer selfemployed | Occupatio | | |
| | | private in | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 250.00 | |
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| | SUBTOTAL of Receipts This Page (optional) | | | 550.00 |
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| | TOTAL This Period (last page this line number | • • | | |

| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | e name and address of any political committee to | solicit contributions from such committee. | |
|--|--|---|--|
| | | Date of Pessint | |
| A. 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 | State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date | Date of Receipt M M / D D / Y Y Y 0 4 10 2009 Transaction ID: SA11AI.9647 Amount of Each Receipt this Period 250.00 contribution | |
| Conter (specify) ▼ 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 Aggregate Year-to-Date ▼ | Date of Receipt Date of Receipt D D / Y Y Y Y 2 0 0 9 Transaction ID: SA11AI.9812 Amount of Each Receipt this Period 250.00 contribution | |
| C. 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 ▼ 1500.00 | Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.9979 Amount of Each Receipt this Period 250.00 contribution | |
| SUBTOTAL of Receipts This Page (optional) . | • | 750.00 | |

| | SCHEDULE A (FEC Form 3X) | | arate schedule(s) | FOR LINE NUMBER: PAGE 76 / 144 (check only one) |
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| I | TEMIZED RECEIPTS | | category of the Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and or for commercial purposes, other than using th | Statements may not be sold e name and address of any | or used by any person political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| ⊻ A. | Full Name (Last, First, Middle Initial) Julio Lopez | | | Date of Receipt |
| | Mailing Address 1311 6th E. Street | M M / D D / Y | | |
| | City | State Zip Coo | de | Transaction ID: SA11AI.9648 |
| | weslaco | TX 78596 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 183.58 |
| | Name of Employer selfemployed | Occupation physician | | - contribution |
| | Receipt For: | Aggregate Year-to-Dat | te 🔻 | - |
| | Primary General Other (specify) ▼ | | 688.88 | |
| – B. | Full Name (Last, First, Middle Initial) Julio Lopez | | | Date of Receipt |
| | Mailing Address 1311 6th E. Street | | | 05 / 20 / Y Y Y Y 099 |
| | City | State Zip Coo | de | Transaction ID: SA11AI.9814 |
| | weslaco | TX 78596 | | 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: | Aggregate Year-to-Dat | te 🔻 | _ |
| | Primary General Other (specify) ▼ | | 938.88 | |
| - C. | Full Name (Last, First, Middle Initial) Julio Lopez | | | Date of Receipt |
| | Mailing Address 1311 6th E. Street | | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Coo | de | Transaction ID: SA11AI.9980 |
| | weslaco | TX 78596 | | 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: | Aggregate Year-to-Dat | te 🔻 | |
| | Primary General Other (specify) The second seco | | 1188.88 | |
| Γ | | 1 | | 683.58 |

| ; | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 77 / 144 (check only one) | | |
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| | TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Salil Mangi | | | Date of Receipt | | |
| | Mailing Address 3801 Sundown Court | M M / D D / Y Y Y Y 04 10 2009 | | | | |
| | City State Zip Code | | | Transaction ID: SA11AI.9650 | | |
| | | TX | 78503 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer selfemployed | ere of Employer Occupation physician | | | | |
| | Receipt For: | 1 | Year-to-Date V | _ | | |
| | Primary General Other (specify) ▼ |] | | | | |
| - В. | Full Name (Last, First, Middle Initial) Salil Mangi | | | Date of Receipt | | |
| | Mailing Address 3801 Sundown Court | 05 / 20 / Y Y Y Y 2009 | | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9817 | | |
| | mcallen | TX | 78503 | 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: | | Year-to-Date 🔻 | _ | | |
| | Primary General Other (specify) ▼ | | 1250.00 |] | | |
| - C. | Full Name (Last, First, Middle Initial) Salil Mangi | 1 | | Date of Receipt | | |
| | Mailing Address 3801 Sundown Court | East | | M M / D D / Y Y Y Y 06 18 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9982 | | |
| | mcallen | TX | 78503 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | | |
| | Name of Employer selfemployed | Occupation physician | | | | |
| | Receipt For: | | Year-to-Date 🔻 | | | |
| | Primary General Other (specify) ▼ | 0 0 | 1500.00 |] | | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | ····· | 750.00 | | |
| ŀ | TOTAL This Period (last page this line number | | | | | |

| | | Г | | FOR LINE NUMBER: PAGE 78 / 144 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) | (check only one) |
| | | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| | | | Detailed Summary Page | |
| [| Any information copied from such Reports and S | on for the purpose of soliciting contributions | | |
| | or for commercial purposes, other than using the | e name and addi | ress of any political committee to | solicit contributions from such committee. |
| 1 | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / | | | |
| Α. | Full Name (Last, First, Middle Initial) Carlos Manrigue | Date of Receipt | | |
| | Mailing Address 116 Cardinal | | | |
| | in a sign and the | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9651 |
| | mcallen | ТХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | 0 | | 250.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | | - contribution |
| | selfemployed | | | |
| | Receipt For: | serierinpidyed physician Receipt For: Aggregate Year-to-Date | | |
| | Primary General | | | 1 |
| | Other (specify) ▼ 1000.00 | | | |
| | | | | - |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Carlos Manrique | | | Date of Receipt |
| | Mailing Address 116 Cardinal | | | 05 / 20 / Y Y Y Y |
| | City State | | Zip Code | Transaction ID: SA11AI.9818 |
| | mcallen | TX | 78504 | |
| | | | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation | | Contribution |
| | | physician | _ | |
| | Receipt For: Primary General | Aggregate | Year-to-Date | |
| | Other (specify) | | 1250.00 | |
| | | 0.0 | 0 0 0 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | 1 | | |
| C. | Carlos Manrique | | | Date of Receipt |
| | Mailing Address 116 Cardinal | | | |
| | | Chata | Zin Onde | 06 18 2009 |
| | City | State TX | Zip Code | Transaction ID: SA11AI.9983 |
| | mcallen | | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | | | | |
| | Name of Employer selfemployed | Occupation | | contribution |
| | | physician | | _ |
| | Receipt For: | Aggregate | Year-to-Date V | _ |
| | Primary General | | 1500.00 | 1 |
| | Other (specify) | | | 1 |
| ſ | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| | SUBTUTAL OF RECEIPTS THIS Page (optional) | | | |
| | TOTAL This Period (last page this line number | only) | | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 79 / 144 (check only one) X 11a 11b 11c 12 | | | |
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| | | Detailed Summary Page | | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | n for the purpose of soliciting contributions solicit contributions from such committee. | | | | |
| | NAME OF COMMITTEE (In Full) | | | | | |
| | BORDER HEALTH FEDERAL PAC | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Guillermo Marquez | Date of Receipt | | | | |
| | Mailing Address 1702 Trinity Road | M M / D D / Y | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9652 | | | |
| | mission | TX 78572 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | | | | | |
| | Name of Employer selfemployed | Occupation physician | - contribution | | | |
| | Receipt For: | | | | | |
| | Primary General | 1000.00 | | | | |
| | Other (specify) | | | | | |
| - В. | Full Name (Last, First, Middle Initial) Guillermo Marguez | | Date of Receipt | | | |
| | Mailing Address 1702 Trinity Road | 0 4 1 8 2 0 0 9 | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9984 | | | |
| | mission | TX 78572 | 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: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 1250.00 | | | | |
| - C. | Full Name (Last, First, Middle Initial) Guillermo Marquez | | Date of Receipt | | | |
| 0. | Mailing Address 1702 Trinity Road | 05 20 2009 | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9819 | | | |
| | mission | TX 78572 | 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: | Aggregate Year-to-Date ▼ | | | | |
| | Primary General Other (specify) ▼ | 1500.00 | | | | |
| ſ | SUBTOTAL of Receipts This Page (optional) | · | 750.00 | | | |
| F | TOTAL This Period (last page this line number | r only) | | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | |
|---------|---|---|--|
| | or for commercial purposes, other than using the | L tatements may not be sold or used by any name and address of any political commit | person for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Agustin Martinez | Date of Receipt | |
| | Mailing Address 7603 N. 2nd Lane | 04 ^M 10 ^P 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.9653 |
| | 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: | Aggregate Year-to-Date V | |
| | Primary General | | |
| | Other (specify) | 1000.00 |) |
| - В. | Full Name (Last, First, Middle Initial) Agustin Martinez | | Date of Receipt |
| Б. | Mailing Address 7603 N. 2nd Lane | 0 5 2 0 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9820 |
| | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) | 1250.00 | |
| – C. | Full Name (Last, First, Middle Initial) Agustin Martinez | | Date of Receipt |
| | Mailing Address 7603 N. 2nd Lane | 0 6 1 8 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9985 |
| | 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: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1500.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| F | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81 / 144 (check only one) X X 11a 11b 11c 12 | | |
|----|---|---|---|--|--|
| | 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 person name and address of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions osolicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ricardo Martinez | Date of Receipt | | | |
| | Mailing Address 1903 W. Smith | 04 / D D / Y Y Y Y 024 / 10 2009 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9654 | | |
| | edinburg | TX 78539 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | C | 250.00 | | |
| | Name of Employer selfemployed | Occupation | contribution | | |
| | Receipt For: | pnysician | | | |
| | Primary General | | 1 | | |
| _ | Other (specify) ▼ | 1000.00 | | | |
| в. | Full Name (Last, First, Middle Initial) Ricardo Martinez | | Date of Receipt | | |
| Б. | Mailing Address 1903 W. Smith | 0 5 2 0 2 0 0 9 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9821 | | |
| | edinburg | TX 78539 | 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: | Aggregate Year-to-Date ▼ | _ | | |
| | Other (specify) ▼ | 1250.00 | | | |
| с. | Full Name (Last, First, Middle Initial) Ricardo Martinez | | Date of Receipt | | |
| | Mailing Address 1903 W. Smith | | M / D D Y | | |
| | City | State Zip Code | Transaction ID: SA11AI.9986 | | |
| | edinburg | TX 78539 | Amount of Each Receipt this Period | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | |
| | Name of Employer selfemployed | Name of Employer Occupation selfemployed physician | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 |] | | |
| | SUBTOTAL of Receipts This Page (optional) | l | 750.00 | | |
| | TOTAL This Period (last page this line number | | | | |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 82 / 144 | |
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| | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | (check only one) | |
| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any perso | n for the purpose of soliciting contributions | |
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | mame and address of any political committee to | Solicit contributions from SUCN COMMITTEE. | |
| | BORDER HEALTH FEDERAL PAC | | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Santos Martinez | Date of Receipt | | |
| | Mailing Address 125 East Yucca | | M M / D D / Y Y Y Y 04 10 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.9655 | |
| | mcallen | TX 78504 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | | 250.00 | |
| | Name of Employer self-employed | Occupation private investor | - contribution | |
| | Receipt For: | 1 | | |
| | Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 | | | |
| | Other (specify) | | | |
| в. | Full Name (Last, First, Middle Initial) Santos Martinez | | Date of Receipt | |
| - | Mailing Address 125 East Yucca | 05 20 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.9822 | |
| | mcallen | TX 78504 | 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: | Aggregate Year-to-Date | _ | |
| | Primary General Other (specify) ▼ | 1250.00 | | |
| C. | Full Name (Last, First, Middle Initial) Santos Martinez | | Date of Receipt | |
| 0. | Mailing Address 125 East Yucca | | 0 6 1 8 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9987 | |
| | mcallen | TX 78504 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | | 250.00 | |
| | Name of Employer self-employed | Occupation private investor | - contribution | |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ | |
| | Primary General Other (specify) ▼ | 1500.00 | | |
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| | SUBTOTAL of Receipts This Page (optional) | ····· • | 750.00 | |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) | Use separate schedule(s for each category of the | FOR LINE NUMBER: PAGE 83 / 144 (check only one) | | | |
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| | ITEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any name and address of any political commit | person for the purpose of soliciting contributions tee to solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Pedro McDougal | | | | | |
| | Mailing Address 1516 Iris | | M M / D D / Y Y Y Y 04 10 2009 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9657 | | | |
| | mcallen FEC ID number of contributing | TX 78501 | Amount of Each Receipt this Period | | | |
| | federal political committee. | | 250.00 | | | |
| | Name of Employer selfemployed | Occupation physician | contribution | | | |
| | Receipt For: | | | | | |
| | Other (specify) ▼ | 1000.00 | | | | |
| В. | Full Name (Last, First, Middle Initial) Pedro McDougal | | Date of Receipt | | | |
| | Mailing Address 1516 Iris | M M / D D / Y Y Y Y 05 20 2009 | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9824 | | | |
| | | TX 78501 | 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: | Aggregate Year-to-Date ▼ | | | | |
| | Other (specify) ▼ | 1250.00 | | | | |
| C. | Full Name (Last, First, Middle Initial) Pedro McDougal | L | Date of Receipt | | | |
| | Mailing Address 1516 Iris | | M M / D D / Y Y Y Y 06 18 2009 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9989 | | | |
| | | TX 78501 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | | |
| | Name of Employer selfemployed | Occupation physician | contribution | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| | Other (specify) | 1500.00 | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | ▶ 750.00 | | | |
| | TOTAL This Period (last page this line number | only) | • | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 84 / 144 (check only one) |
|---------|---|---------------------------|---|--|
| I | | | for each category of the | X 11a 11b 11c 12 |
| • | | | Detailed Summary Page | 13 14 15 16 17 |
| Γ | Any information copied from such Reports and S | Statemonto mo | v not be cold or used by any para | |
| | or for commercial purposes, other than using the | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | benden nekenn edenker ko | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Bertha Medina | Date of Receipt | | |
| А. | Mailing Address 1300 1 1/2 Street | | | |
| | Maining Address 1300 1 1/2 Street | | 04 10 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9658 |
| | mcallen | ТΧ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | New of Freelow | Occupatio | | contribution |
| | Name of Employer selfemployed | | | |
| | Receipt For: | physicia | n e Year-to-Date 🔻 | |
| | Primary General | | | |
| | | Other (specify) ▼ 1000.00 | | |
| | | 0.0 | | |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Bertha Medina | Date of Receipt | | |
| | Mailing Address 1300 1 1/2 Street | | | 05 / D D / Y Y Y Y 020 / 2009 |
| | City State | | Zip Code | |
| | , | TX | • | Transaction ID: SA11AI.9825 |
| | mcallen | | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | | | | - contribution |
| | Name of Employer selfemployed | Occupatio | n | contribution |
| | | physicia | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 1250.00 | |
| | Other (specify) | 0 0 | | 1 |
| – C. | Full Name (Last, First, Middle Initial) Bertha Medina | | | Date of Receipt |
| С. | Mailing Address 1300 1 1/2 Street | | | |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9990 |
| | mcallen | ТΧ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | | - contribution |
| | Name of Employer selfemployed | physicial | | |
| | Receipt For: | 1 1 2 | e Year-to-Date 🔻 | |
| | Primary General | Ayyreyall | | 1 |
| | Other (specify) | | 1500.00 | |
| | | | <u> </u> | 1 |
| Γ | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| ŀ | - · · · · | | · | - |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 85 / 144 |
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| | | | Use separate schedule(s) for each category of the | (check only one) |
| | | | Detailed Summary Page | X 11a 11b 11c 12 |
| Г | Anniation conied from each Departs and C | | | |
| | Any information copied from such Reports and Si or for commercial purposes, other than using the | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| A. | Full Name (Last, First, Middle Initial) Manuel Mercado | | | Date of Receipt |
| | Mailing Address 3002 Santa Susana | | | 04 / D D / Y Y Y Y 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9659 |
| | mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | n | contribution |
| | selfemployed | physicial | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 1000.00 | 1 |
| | Other (specify) ▼ | 0 0 | | 1 |
| в. | Full Name (Last, First, Middle Initial) Manuel Mercado | | | Date of Receipt |
| 2. | Mailing Address 3002 Santa Susana | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9826 |
| | mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupatio | n | - contribution |
| | | physicia | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | _ |
| | Other (specify) ▼ | | 1250.00 | |
| - C. | Full Name (Last, First, Middle Initial) Manuel Mercado | 1 | | Date of Receipt |
| 0. | Mailing Address 3002 Santa Susana | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9991 |
| | mission | TX | 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupation physicial | | contribution |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 1500.00 | 1 |
| | Other (specify) v | | | |
| ſ | SUBTOTAL of Receipts This Page (optional) | - | | 750.00 |
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| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 86 / 144 |
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| | | | eparate schedule(s) ch category of the | (check only one) |
| | ITEMIZED RECEIPTS | | ed Summary Page | X 11a 11b 11c 12 |
| Г | Annulation and discussion in Decision 100 | | alal an una sel los s | |
| | Any information copied from such Reports and Si or for commercial purposes, other than using the | name and address of a | old or used by any perso iny political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| ł | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / | | | |
| Α. | Full Name (Last, First, Middle Initial) Carlos Mohamed | | | Date of Receipt |
| | Mailing Address 5408 N. Cynthia | | | M M / D D / Y Y Y Y |
| | | | | 04 10 2009 |
| | City | | Code | Transaction ID: SA11AI.9660 |
| | mcallen | TX 785 | 04 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation | | |
| | | physician | - | _ |
| | Receipt For: Primary General | Aggregate Year-to-I | Date 🔻 | 1 |
| | Other (specify) | | 1000.00 | |
| | | | <u> </u> | · |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | Carlos N Mohamed, Jr. | | | Date of Receipt |
| | Mailing Address 2821 Michael Angelo | | | 0 4 1 0 Y Y Y Y 0 4 1 0 2 0 0 9 |
| | City | State Zip 0 | Code | Transaction ID: SA11AI.9661 |
| | Edinburg | TX 785 | 39 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 100.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | | - contribution |
| | self-employed | physician | | |
| | Receipt For: | Aggregate Year-to-I | Date 🔻 | |
| | Other (specify) | | 400.00 | |
| | | 0 0 0 0 | 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Carlos Mohamed | | | Date of Receipt |
| | Mailing Address 5408 N. Cynthia | | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State Zip (| Code | Transaction ID: SA11AI.9827 |
| | mcallen | TX 785 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 20.00 |
| | Name of Employer | Occupation | | - contribution |
| | Name of Employer selfemployed | physician | | |
| | Receipt For: | Aggregate Year-to-I | Date 🔻 | |
| | Primary General | | 1250.00 | 11 |
| | Other (specify) | 0 0 0 0 | | 1 |
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| | SUBTOTAL of Receipts This Page (optional) | | | 600.00 |
| ŀ | | | | |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 87 / 144 (check only one) |
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| | TEMIZED RECEIPTS | | for each category of the | |
| - | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| Г | Anni information and ind from such Departs and C | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| Z | Full Name (Last, First, Middle Initial) | | | |
| Α. | Carlos N Mohamed, Jr. | | | Date of Receipt |
| | Mailing Address 2821 Michael Angelo | | | M M / D D / Y Y Y Y |
| | - | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9828 |
| | Edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 100.00 |
| | federal political committee. | C | | |
| | Name of Employer | Occupatio | n an | - contribution |
| | Name of Employer self-employed | physicial | | |
| | Receipt For: | 1 I I I | e Year-to-Date 🔻 | |
| | Primary General | Aggregate | e Year-to-Date V | - |
| | Other (specify) | | 500.00 | |
| | | 0 0 | | 1 |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Carlos Mohamed | | | Date of Receipt |
| | Mailing Address 5408 N. Cynthia | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9992 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | | - contribution |
| | selfemployed | physicial | | |
| | Receipt For: | 1 I I I | e Year-to-Date 🔻 | _ |
| | Primary General | riggrogati | | 1 |
| | Other (specify) | | 1500.00 | |
| | | | | - |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Carlos N Mohamed, Jr. | | | Date of Receipt |
| | Mailing Address 2821 Michael Angelo | | | |
| | | 01-11- | 7. 0. 1. | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9993 |
| | Edinburg | ТХ | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 100.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | - contribution |
| | self-employed | physicia | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) | | 600.00 | 1 |
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| | SUBTOTAL of Receipts This Page (optional) | | | 450.00 |
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| | TOTAL This Period (last page this line number | only) | | |

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| ; | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 88 / 144 (check only one) |
| | ITEMIZED RECEIPTS | | for each category of the | |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| Г | Any information panied from such Departs and C | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and add | lress of any political committee to | o solicit contributions from such committee. |
| | | | | |
| ` | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| × | Full Name (Last, First, Middle Initial) | | | |
| Α. | Carlos Morales | Date of Receipt | | |
| | Mailing Address 3325 Kent Lane | | | M M / D D / Y Y Y Y |
| | | 0 | 7. 0. 1 | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9662 |
| | mcallen | TX | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | - contribution |
| | selfemployed | physician | | |
| | Receipt For: | 1 1 | Year-to-Date V | -1 |
| | Primary General | Ayyreyale | | 1 |
| | Other (specify) | | 1000.00 | |
| | | 0 0 | | |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Carlos Morales | | | Date of Receipt |
| | Mailing Address 3325 Kent Lane | | | M M / D D / Y Y Y Y |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9829 |
| | mcallen | TX | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | - contribution |
| | selfemployed | physician | | |
| | Receipt For: | 1 1 2 | Year-to-Date 🔻 | |
| | Primary General | , iggi egute | | 1 |
| | Other (specify) 🔻 | | 1250.00 | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | Carlos Morales | | | Date of Receipt |
| | Mailing Address 3325 Kent Lane | | | 0 6 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9994 |
| | mcallen | TX | 78503 | Amount of Each Receipt this Period |
| | | | 70303 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | | | | |
| | Name of Employer selfemployed | Occupation | 1 | - contribution |
| | | physician | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General | | 1500.00 | 1 |
| | Other (specify) | 0 0 | | 1 |
| г | | | | |
| | | | | 750.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | / 30.00 |
| Γ | | | | |
| - 1 | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 89 / 144 (check only one) |
|---------|--|--|---|
| | 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 pers name and address of any political committee t | son for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt |
| | Mailing Address 1608 Woods Drive | | 0 4 / D D / Y Y Y Y 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9663 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer selfemployed | Occupation physician | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| - B. | Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt |
| | Mailing Address 1608 Woods Drive | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9830 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) | 1250.00 | |
| - C. | Full Name (Last, First, Middle Initial) Leonel Moreno | | Date of Receipt |
| | Mailing Address 1608 Woods Drive | | M M / D D / Y Y Y Y 06 18 2009 |
| | City mission | State Zip Code TX 78572 | Transaction ID: SA11AI.9995 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 ▼ 1500.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
| | TOTAL This Period (last page this line number | only) | |

| ; | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 90 / 144 (check only one) |
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| | TEMIZED RECEIPTS | | for each category of the | |
| | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| Г | Anniaformation analog from such Departs and C | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | name and ad | dress of any political committee to | o solicit contributions from such committee. |
| k | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| Ľ | Full Name (Last, First, Middle Initial) | | | |
| Α. | Lauren Naylor | Date of Receipt | | |
| | Mailing Address 3020 Melinda Drive | | | M M / D D / Y Y Y Y |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9831 |
| | Edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 50.00 |
| | federal political committee. | C | | 30.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | selfemployed | physicial | | |
| | Receipt For: | 1 1 | e Year-to-Date V | -1 |
| | Primary General | Aggregate | e rear-to-Date V | - |
| | Other (specify) | | 250.00 | |
| | | 0 0 | | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Lauren Naylor | | | Date of Receipt |
| | Mailing Address 3020 Melinda Drive | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9996 |
| | <u>Edinburg</u> | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 50.00 |
| | federal political committee. | C | | 50.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | selfemployed | physicial | | |
| | Receipt For: | 1 1 2 2 | e Year-to-Date 🔻 | - |
| | Primary General | Aggregat | | 1 |
| | Other (specify) | | 300.00 | |
| | | | | |
| - | Full Name (Last, First, Middle Initial) | I | | |
| C. | Dr. Noel Olveira | | | Date of Receipt |
| | Mailing Address 9917 Bentsen Road | | | |
| | <u></u> | 0 1 1 | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9832 |
| | McAllen | ТХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 100.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | n | - contribution |
| | selfemployed | physicia | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) | | 300.00 |]] |
| _ | | | | |
| Γ | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 200.00 |
| ŀ | | | | - |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 91 / 144 |
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| | · · · · | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| Г | | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Noel Olveira | | | Date of Receipt |
| | Mailing Address 9917 Bentsen Road | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9997 |
| | McAllen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 100.00 |
| | · | | | contribution |
| | Name of Employer selfemployed | Occupatio | | |
| | Receipt For: | physiciar | n e Year-to-Date 🔻 | |
| | Primary General | Aggregate | e Year-to-Date | 1 |
| | Other (specify) | | 400.00 | |
| - | | | | |
| В. | Full Name (Last, First, Middle Initial) | | | Date of Receipt |
| D. | Armando Osio Mailing Address 600 Tulip | | | |
| | | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9666 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | | |
| | | physiciar | | _ |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | |
| | Other (specify) | | 1000.00 | |
| | | | | 1 |
| - | Full Name (Last, First, Middle Initial) | - | | |
| C. | Armando Osio | | | Date of Receipt |
| | Mailing Address 600 Tulip | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9833 |
| | mcallen | ТХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupatio | n | - contribution |
| | | physiciar | | _ |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | | 1250.00 | |
| | | | 0 0 0 0 0 0 0 | 1 |
|] | | 1 | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 600.00 |
| ŀ | | | | - |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 92 / 144 (check only one) X 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) | Statements may not be sold or used by any pers e name and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| | BORDER HEALTH FEDERAL PAC | | |
| , А. | Full Name (Last, First, Middle Initial) Armando Osio | | Date of Receipt |
| | Mailing Address 600 Tulip | | 0 6 / D D / Y Y Y Y Y 0 6 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9998 |
| | | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1500.00 | |
| – В. | Full Name (Last, First, Middle Initial) Fernando Otero | | Date of Receipt |
| | Mailing Address 121 E. Quamasia #148 | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9667 |
| | mcallen | TX 78501 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| – C. | Full Name (Last, First, Middle Initial) Fernando Otero | | Date of Receipt |
| | Mailing Address 121 E. Quamasia #148 | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9834 |
| | mcallen | TX 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 1250.00 | |
| Г | | | 750.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 93 / 144 (check only one) 11c 12 X 11a 11b 11c 12 |
|---------|--|------------------------------------|---|---|
| | Any information copied from such Reports and s or for commercial purposes, other than using the | Statements may ne name and addr | not be sold or used by any perso ress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Fernando Otero | | | Date of Receipt |
| | Mailing Address 121 E. Quamasia #148 | | | 0 6 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9999 |
| | mcallen | TX | 78501 | 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: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | 0 0 | 1500.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Kip Owen | | | Date of Receipt |
| | Mailing Address 2305 Red River | | | M M / D D / Y Y Y Y 0 4 1 0 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.9668 |
| | mcallen | TX | 78572 | 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: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 300.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Kip Owen | 1 | | Date of Receipt |
| | Mailing Address 2305 Red River | | | M M / D D / Y Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9835 |
| | mcallen | TX | 78572 | 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: | Aggregate | Year-to-Date 🔻 | _ |
| | Primary General Other (specify) ▼ | 0 0 | 375.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) . | | | 400.00 |
| ŀ | TOTAL This Period (last page this line number | | | |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 94 / 144 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---|--|
| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | atements may not be sold or used by any person name and address of any political committee to | solicit contributions from such committee. |
| A. | 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 Opysician Aggregate Year-to-Date ▼ 450.00 | Date of Receipt |
| В. | Full Name (Last, First, Middle Initial) Mr. Esteban Palacios, Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78540 C Occupation Private investor Aggregate Year-to-Date ▼ 250.00 | Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.10001 Amount of Each Receipt this Period 50.00 contribution |
| _ C. | 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 ▼ 1000.00 | Date of Receipt |
| | SUBTOTAL of Receipts This Page (optional) | | 375.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 95 / 144 (check only one) |
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| | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| , | Any information copied from such Reports and or for commercial purposes, other than using th | Statements may not be sold or used by any pers e name and address of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Prakash Palimar | | Date of Receipt |
| | Mailing Address 121 Canary | | 05 / ^D D / <u>Y</u> Y Y Y 20 2009 |
| | City mcallen | State Zip Code TX 78504 | Transaction ID: SA11AI.9837 |
| | 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 1250.00 | |
| – В. | Full Name (Last, First, Middle Initial) Prakash Palimar | | Date of Receipt |
| | Mailing Address 121 Canary | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10002 |
| | 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 ▼ 1500.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. Jerry Pallares | | Date of Receipt |
| 0. | Mailing Address 24399 Dillworth Road | l | 0 4 / 1 0 / Y Y Y Y 2 0 0 9 |
| | City Harlingen | State Zip Code TX 78552 | Transaction ID: SA11AI.9671 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| Г | | 1 | 750.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 96 / 144 (check only one) |
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| - | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Jerry Pallares | | Date of Receipt |
| | Mailing Address 24399 Dillworth Road | | 05 / 20 / Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9838 |
| | Harlingen | TX 78552 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ |
| | Primary General Other (specify) | 1000.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Dr. Jerry Pallares | | Date of Receipt |
| | Mailing Address 24399 Dillworth Road | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10003 |
| | Harlingen | TX 78552 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Eduardo Peguero | | Date of Receipt |
| | Mailing Address P.O.Box 5959 | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9672 |
| | McAllen | TX 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer Self-employed | Occupation physcian | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | _ |
| | Primary General Other (specify) | 600.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 650.00 |
| F | TOTAL This Period (last page this line number | | |

| | | | | FOR LINE NUMBER: PAGE 97 / 144 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | (check only one) |
| 1 | TEMIZED RECEIPTS | | for each category of the | |
| - | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| Г | Any information copied from such Reports and S | Ctotomonto mo | | |
| | or for commercial purposes, other than using the | e name and ad | dress of any political committee to | o solicit contributions from such committee. |
| k | NAME OF COMMITTEE (In Full) | | , , , , , , , , , , , , , , , , , , , | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / BONDEN MEREINNEDENAET AG | | | |
| × | Full Name (Last, First, Middle Initial) | | | |
| Α. | Eduardo Peguero | | | Date of Receipt |
| | Mailing Address P.O.Box 5959 | | | |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9839 |
| | McAllen | TX | 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 150.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | - contribution |
| | Name of Employer Self-employed | physcian | | |
| | Receipt For: | 1 1 | -1 | |
| | Primary General | Aggregate | e Year-to-Date V | - |
| | Other (specify) | | 750.00 | |
| | | 0.0 | | - |
| _ | Full Name (Last, First, Middle Initial) | | | |
| В. | Eduardo Peguero | | | Date of Receipt |
| | Mailing Address P.O.Box 5959 | | | M " M / D " D / Y " Y " Y " Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10004 |
| | McAllen | TX | 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 150.00 |
| | federal political committee. | C | | 130.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | Self-employed | physcian | | |
| | Receipt For: | 1 1 2 | | _ |
| | Primary General | Aggregate | e Year-to-Date | _ |
| | Other (specify) | | 900.00 | |
| | | | | - |
| _ | Full Name (Last, First, Middle Initial) | | | |
| C. | Jose Pena | | | Date of Receipt |
| | Mailing Address 100 Bluebird | | | M M / D D / Y Y Y Y |
| | | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9673 |
| | mcallen | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | - contribution |
| | Name of Employer selfemployed | physiciar | | |
| | Receipt For: | | e Year-to-Date | |
| | Primary General | riggregate | | |
| | Other (specify) | | 1000.00 | |
| | | | | - |
| Г | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 550.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate sche for each category Detailed Summary | | | | |
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| | Any information copied from such Reports and S | | by any person for the purpose of soliciting contributions | | | |
| | or for commercial purposes, other than using the | name and address of any political c | ommittee to solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | |
| Α. | Full Name (Last, First, Middle Initial) Jose Pena | | | | | |
| | Mailing Address 100 Bluebird | 05 20 YYYY 2009 | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9840 | | | |
| | 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: | Aggregate Year-to-Date V | | | | |
| | Other (specify) | 12 | 50.00 | | | |
| В. | Full Name (Last, First, Middle Initial) Jose Pena | | Date of Receipt | | | |
| | Mailing Address 100 Bluebird | | M M / D D / Y | | | |
| | City | State Zip Code | Transaction ID: SA11AI.10005 | | | |
| | | 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: | Aggregate Year-to-Date ▼ | | | | |
| | Other (specify) | 15 | 00.00 | | | |
| C. | Full Name (Last, First, Middle Initial) Juan Pena | I | Date of Receipt | | | |
| | Mailing Address 905 S. Huisache Court | | 04 / D D / Y Y Y Y 2009 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9674 | | | |
| | pharr | TX 78577 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | 250.00 | | | |
| | Name of Employer self-employed | Occupation private investor | | | | |
| | Receipt For: | Aggregate Year-to-Date 🔻 | | | | |
| | Other (specify) | 10 | 00.00 | | | |
| | SUBTOTAL of Receipts This Page (optional) | | 750.00 | | | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 99 / 144 (check only one) X X 11a 11b 11c 12 | |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the | Statements may | not be sold or used by any perso ress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | |
| Α. | Full Name (Last, First, Middle Initial) Juan Pena | Juan Pena | | | |
| | Mailing Address 905 S. Huisache Court | | | 05 20 Y Y Y Y 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9841 | |
| | pharr | TX | 78577 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 250.00 | |
| | Name of Employer self-employed | Occupation private in | | - contribution | |
| | Receipt For: | + + · | Year-to-Date V | _ | |
| | Primary General Other (specify) ▼ | | 1250.00 |] | |
| в. | Full Name (Last, First, Middle Initial) Juan Pena | | | Date of Receipt | |
| | Mailing Address 905 S. Huisache Court | | | 0 6 1 8 Y Y Y Y 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.10006 | |
| | pharr | TX | 78577 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | С | | 250.00 | |
| | Name of Employer self-employed | Occupation private in | | - contribution | |
| | Receipt For: | 1 1 . | Year-to-Date V | _ | |
| | Other (specify) ▼ | | 1500.00 |] | |
| C. | Full Name (Last, First, Middle Initial) Ernie Perez | | | Date of Receipt | |
| - | Mailing Address P.O. Box 5360 | | | 04 10 2009 | |
| | City | State | Zip Code | Transaction ID: SA11AI.9675 | |
| | mcallen | ТХ | 78502 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | | 125.00 | |
| | Name of Employer self-employed | Occupation private in | | - contribution | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | | |
| | Other (specify) ▼ | 0 0 | 488.15 |] | |
| | SUBTOTAL of Receipts This Page (optional) | | | 625.00 | |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 100 / 144 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and add | not be sold or used by any perso ress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | | | |
| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| , × | Full Name (Last, First, Middle Initial) | Date of Descript | | |
| Α. | Ernie Perez Mailing Address P.O. Box 5360 | Date of Receipt | | |
| | Maning Address P.O. BOX 5360 | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9842 |
| | mcallen | ТХ | 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 125.00 |
| | · · · · · · · · · · · · · · · · · · · | | | contribution |
| | Name of Employer self-employed | Occupation | | |
| | Receipt For: | private inv | | |
| | Primary General | Aggregate | Year-to-Date 🔻 | |
| | Other (specify) | | 613.15 | |
| | | 0 0 | 0 0 0 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Ernie Perez | | | Date of Receipt |
| | Mailing Address P.O. Box 5360 | | | 0 6 / ^D D / <u>Y Y Y Y</u> 0 6 1 8 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10007 |
| | mcallen | TX | 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 103.66 |
| | · · · · · · · · · · · · · · · · · · · | | | contribution |
| | Name of Employer self-employed | Occupation private inv | | |
| | Receipt For: | 1 1 . | | _ |
| | Primary General | Aggregate | Year-to-Date 🔻 | 1 |
| | Other (specify) | | 716.81 | |
| | | 0 0 | | 1 |
| - С. | Full Name (Last, First, Middle Initial) Claudia Pierson | | | Date of Receipt |
| 0. | Mailing Address 6912 N. Peking | | | |
| | thanking that tool 0012 N. Foking | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9676 |
| | <u>mcallen</u> | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | | 250.00 |
| | federal political committee. | C | | |
| | Name of Employer selfemployed | Occupation | | contribution |
| | selfemployed | physician | | |
| | Receipt For: | 1 1 | Year-to-Date 🔻 | |
| | Primary General | | | 1 |
| | Other (specify) 🔻 | | 1000.00 | |
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| | SUBTOTAL of Receipts This Page (optional) | | | 478.66 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 101 / 144 |
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| | 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 personant of any political committee to the solution of any political committee to the solution. | on for the purpose of soliciting contributions |
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| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Claudia Pierson | Date of Receipt | | |
| ~ . | Mailing Address 6912 N. Peking | | | |
| | of 2 N. Feking | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9843 |
| | mcallen | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation | | |
| | | physician | | |
| | Receipt For: Primary General | Aggregate | Year-to-Date | _ |
| | Other (specify) | | 1250.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Claudia Pierson | | | Date of Receipt |
| | Mailing Address 6912 N. Peking | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10010 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | | | | |
| | FEC ID number of contributing federal political committee. | C | | 211.02 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupation physician | | |
| | Receipt For: | 1 1 | Year-to-Date 🔻 | — |
| | Primary General | Aggregate | | 1 |
| | Other (specify) | | 1461.02 | |
| _ | | | | - |
| с. | Full Name (Last, First, Middle Initial) Sergio Preciado | | | Date of Receipt |
| | Mailing Address 521 E. Bluebird | | | M M / D D / Y Y Y Y |
| | | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9678 |
| | <u>mcallen</u> | TX | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer selfemployed | Occupation | ו | contribution |
| | selfemployed | physician | | |
| | Receipt For: | 1 1 2 | Year-to-Date 🔻 | - |
| | Primary General | 00 0 | | 1 |
| | Other (specify) | 0 0 | 1000.00 |] |
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| | | | | 711.02 |
| | SUBTOTAL of Receipts This Page (optional) | | | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 102 / 144 (check only one) | | |
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| | 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 perso | 13 14 15 16 17 | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | e name and add | ress of any political committee to | solicit contributions from such committee. | | |
| Α. | Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird | Sergio Preciado | | | | |
| | | | | 05 20 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9845 | | |
| | 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: | Aggregate | Year-to-Date V | | | |
| | Other (specify) | | 1250.00 |] | | |
| В. | Full Name (Last, First, Middle Initial) Sergio Preciado | | | Date of Receipt | | |
| | Mailing Address 521 E. Bluebird | | | M M / D D / Y Y Y Y 06 18 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.10012 | | |
| | 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: | 1 1 2 2 | Year-to-Date 🔻 | | | |
| | Other (specify) | | 1500.00 |] | | |
| C. | Full Name (Last, First, Middle Initial) Sergio Ramirez | | | Date of Receipt | | |
| | Mailing Address 1608 Woods Drive | | | M M / D D / Y Y Y Y 0 4 10 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9679 | | |
| | mission | TX | 78572 | 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: | Aggregate | Year-to-Date 🔻 | _ | | |
| | Primary General Other (specify) ▼ | | 1000.00 |] | | |
| | SUBTOTAL of Receipts This Page (optional) | | ······ | 750.00 | | |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 103 / 144 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | tatements may not be sold or used by any persent and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Z A. | Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive | Date of Receipt | |
| | City | State Zip Code | Transaction ID: SA11AI.9846 |
| | mission FEC ID number of contributing federal political committee. | TX 78572 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ | Occupation physician Aggregate Year-to-Date V 1250.00 | contribution |
| – B. | Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive | | Date of Receipt |
| | <u></u> | State Zin Code | 06 18 2009 |
| | City mission | State Zip Code TX 78572 | Transaction ID: SA11AI.10013 |
| | 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 1500.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Gustavo Ramos | | Date of Receipt |
| | Mailing Address 1301 S. Perking | | M M / D D Y |
| | City | State Zip Code | Transaction ID: SA11AI.9680 |
| | mcallen | TX 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer selfemployed | Occupation physicain | contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date 1000.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 750.00 |
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| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 104 / 144 |
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| | TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | (check only one) |
| I | | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| Γ | Any information copied from such Reports and S | Statements may r | not be sold or used by any perso | |
| | or for commercial purposes, other than using the | e name and addre | ess of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| ∡ A. | Full Name (Last, First, Middle Initial) Gustavo Ramos | Date of Receipt | | |
| | Mailing Address 1301 S. Perking | | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9847 |
| | mcallen | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | | - contribution |
| | selfemployed | physicain | | |
| | Receipt For: | Aggregate Y | 'ear-to-Date ▼ | |
| | Primary General | | 1250.00 | 1 |
| | Other (specify) v | 0 0 0 | |] |
| - В. | Full Name (Last, First, Middle Initial) Gustavo Ramos | | | Date of Receipt |
| υ. | Mailing Address 1301 S. Perking | | | M M / D D / Y Y Y Y |
| | City | Ctata | Zip Code | 06 18 2009 |
| | City mcallen | State TX | 78501 | Transaction ID: SA11AI.10014 |
| | | | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer | Occupation | | contribution |
| | selfemployed | physicain | | |
| | Receipt For: | Aggregate Y | ear-to-Date 🔻 | _ |
| | Primary General Other (specify) ▼ | | 1500.00 | |
| - C. | Full Name (Last, First, Middle Initial) Mr. Mario Rangel | | | Date of Receipt |
| 0. | Mailing Address 3213 Lance Lot Lane | | | M M / D D / Y Y Y Y |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10016 |
| | Edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer selfemployed | Occupation private inve | estor | - contribution |
| | Receipt For: | - · · | 'ear-to-Date ▼ | |
| | Primary General | | 250.00 | 1 |
| | Other (specify) | | 20.00 | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 105 / 144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
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| | 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 p name and address of any political committe | person for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| , А. | Full Name (Last, First, Middle Initial) R.V. Reddy | Date of Receipt | |
| | Mailing Address 1500 Southland Drive | 0 4 / D D / Y Y Y Y 2 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9684 |
| | weslaco | TX 78596 | 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: | Aggregate Year-to-Date ▼ | |
| | Other (specify) ▼ | 1000.00 | |
| В. | Full Name (Last, First, Middle Initial) R.V. Reddy | | Date of Receipt |
| | Mailing Address 1500 Southland Drive | | 05 ^{/ D D} / Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9853 |
| | weslaco | TX 78596 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1250.00 | |
| С. | Full Name (Last, First, Middle Initial) R.V. Reddy | | Date of Receipt |
| | Mailing Address 1500 Southland Drive | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10018 |
| | weslaco | TX 78596 | 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: | Aggregate Year-to-Date 🔻 | |
| | Other (specify) ▼ | 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | ▶ 750.00 |
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| SCHEDULE A (FEC Form 3X) | Use separate schedule(s) | (check only one) | | | |
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| Any information copied from such Reports and S | tatements may not be sold or used by any perso | | | | |
| 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 | | | | |
| Mailing Address 1117 S. Cynthia | | Date of Receipt | | | |
| Mainig Addition 1117 S. Cyntha | | 04 10 2009 | | | |
| City | State Zip Code | Transaction ID: SA11AI.9685 | | | |
| mcallen | TX 78504 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | | 250.00 | | | |
| federal political committee. | C | 250.00 | | | |
| Nome of Employer | Occupation | contribution | | | |
| Name of Employer selfemployed | Occupation physician | | | | |
| Receipt For: | Aggregate Year-to-Date V | - | | | |
| Primary General | | | | | |
| Other (specify) | 1000.00 | | | | |
| | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| B. William Restrepo | | Date of Receipt | | | |
| Mailing Address 1117 S. Cynthia | | 05 20 2009 | | | |
| City | State Zip Code | Transaction ID: SA11AI.9854 | | | |
| mcallen | TX 78504 | Amount of Each Receipt this Period | | | |
| | 17 70304 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | С | 250.00 | | | |
| | | contribution | | | |
| Name of Employer selfemployed | Occupation | | | | |
| | physician | _ | | | |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | |
| Other (specify) | 1250.00 | | | | |
| | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| C. William Restrepo | | Date of Receipt | | | |
| Mailing Address 1117 S. Cynthia | | | | | |
| 0.1 | | 06 18 2009 | | | |
| City | State Zip Code | Transaction ID: SA11AI.10019 | | | |
| 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 | - contribution | | | |
| | physician | | | | |
| Receipt For: | Aggregate Year-to-Date 🔻 | | | | |
| Primary General | 1500.00 | | | | |
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| 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 | | | |
| A. | Full Name (Last, First, Middle Initial) Homero Rivas | Date of Receipt | | |
| | Mailing Address 100 E. Houston | | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9687 |
| | 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) ▼ | | 1000.00 | |
| | Full Name (Last, First, Middle Initial) | | | - |
| В. | Homero Rivas | | | Date of Receipt |
| | Mailing Address 100 E. Houston | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9856 |
| | mcallen | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | | - contribution |
| | Receipt For: | Aggregate Year | -to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 1250.00 | |
| | Full Name (Last, First, Middle Initial) | | | |
| C. | Homero Rivas | | | Date of Receipt |
| | Mailing Address 100 E. Houston | | | 06 18 Y Y Y Y 06 09 |
| | City | State | Zip Code | Transaction ID: SA11AI.10021 |
| | mcallen | ТХ | 78501 | 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: | Aggregate Year | -to-Date 🔻 | |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 108 / 144 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
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| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| . ~ | Full Name (Last, First, Middle Initial) Benjamin Robalino | Date of Receipt | | |
| Α. | , | | | |
| | Mailing Address 1217 S. Cynthia | | | 04 10 Y Y Y Y 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9688 |
| | mcallen | ТΧ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | С | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio | | Contribution |
| | | physcian | | _ |
| | Receipt For: | Aggregate | e Year-to-Date | _ |
| | Primary General | | 1000.00 | |
| | Other (specify) | 0 0 | | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Benjamin Robalino | | | Date of Receipt |
| | Mailing Address 1217 S. Cynthia | | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9857 |
| | mcallen | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer selfemployed | Occupatio physcian | | |
| | Receipt For: | 1 1 2 | | _ |
| | Primary General | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 1250.00 | |
| | | 0 0 | | - |
| с. | Full Name (Last, First, Middle Initial) Benjamin Robalino | | | Date of Receipt |
| 0. | Mailing Address 1217 S. Cynthia | | | |
| | | | | 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10022 |
| | <u>mcallen</u> | ТХ | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 250.00 |
| | federal political committee. | C | | 230.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | Name of Employer selfemployed | physcian | | |
| | Receipt For: | 1 1 | e Year-to-Date 🔻 | - |
| | Primary General | .gg. cgai | | 1 |
| | Other (specify) | 0 0 | 1500.00 |] |
| г | | | | |
| | | | | 750.00 |
| ļ | SUBTOTAL of Receipts This Page (optional) | | ••••••• | - |
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| | TOTAL This Period (last page this line number | only) | | |

| S | CHEDULE A (FEC Form 3X) | Use ser | parate schedule(s) | FOR LINE NUMBER: PAGE 109 / 144 (check only one) |
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| Ľ | TEMIZED RECEIPTS | | category of the | |
| • | | Detailed | Summary Page | X 11a 11b 11c 12 |
| _ | | | | 13 14 15 16 1 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may not be sole name and address of any | d or used by any person y political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | - | | |
| ` | BORDER HEALTH FEDERAL PAC | | | |
| Z | | | | |
| - | Full Name (Last, First, Middle Initial) Mr. Martin Rocha | | | Date of Receipt |
| | Mailing Address P.O. Box 662 | | | M M / D D / Y |
| | City | State Zip Co | ode | Transaction ID: SA11AI.10023 |
| | Santa Rosa | TX 78593 | 3 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | | | 50.00 |
| | Name of Employer | Occupation | | contribution |
| | selfemployed | private investor | | |
| | Receipt For: | Aggregate Year-to-Da | ate 🔻 | |
| | Primary General | | 250.00 | |
| | Other (specify) | | 230.00 | |
| | Full Name (Last, First, Middle Initial) Paulette Saca | | | Date of Receipt |
| | Mailing Address 109 Condor | | | 04 10 2009 |
| | City | State Zip Co | ode | Transaction ID: SA11AI.9690 |
| | mcallen | TX 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | | | 125.00 |
| | Name of Employer | Occupation | | contribution |
| | self-employed | private investor | | |
| | Receipt For: | Aggregate Year-to-Da | ate 🔻 | |
| | Primary General | | F00.00 | |
| | Other (specify) | 0 0 0 0 0 | 500.00 | |
| | Full Name (Last, First, Middle Initial) Paulette Saca | | | Date of Receipt |
| | Mailing Address 109 Condor | | | M M / D D / Y Y Y Y |
| | City | State Zip Co | nde | 0 5 2 0 2 0 0 9 Transaction ID: SA11AI.9859 |
| | mcallen | TX 78504 | | |
| | | 17 / 0504 | · | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 125.00 |
| | Name of Employer self-employed | Occupation | | - contribution |
| | | private investor | | 4 |
| | Receipt For: | Aggregate Year-to-Da | ate 🔻 | |
| | Primary General | | 625.00 | |
| | Other (specify) | | | |
| Γ | | | | 300.00 |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers | FOR LINE NUMBER: PAGE 110 / 144 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions for the purpose of soliciting contributions for the purpose of soliciting contributions |
|---------|--|---|--|
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | e name and address of any political committee to | o solicit contributions from such committee. |
| Z A. | Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor | | Date of Receipt |
| | City | State Zip Code | 0 6 1 8 2 0 0 9 Transaction ID: SA11AI.10024 |
| | mcallen | TX 78504 | 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 ▼ 750.00 | |
| – В. | Full Name (Last, First, Middle Initial) Javier Saenz | | Date of Receipt |
| | Mailing Address 2308 Monaco Drive | 0 4 / D D / Y Y Y Y 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9691 |
| | mission | TX 78574 | 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 1000.00 | |
| - C. | Full Name (Last, First, Middle Initial) Javier Saenz | | Date of Receipt |
| | Mailing Address 2308 Monaco Drive | | M M M / D D / Y Y Y Y Y Y 0 5 2 0 2 0 0 9 2 0 0 9 |
| | City mission | State Zip Code TX 78574 | Transaction ID: SA11AI.9860 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 ▼ 1250.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional). | | 625.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 111 / 144 (check only one) Image: Constraint of the state |
|------------|---|--|---|
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A . | Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78574 C Occupation Occupation Aggregate Year-to-Date ▼ 1500.00 | Date of Receipt M M / D D / Y Y Y Y Y 0 6 / D B / Y 2 0 0 9 Transaction ID: SA11AI.10025 Amount of Each Receipt this Period 250.00 contribution |
| В. | Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Squ City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) | Jare State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1000.00 | Date of Receipt |
| с. | Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Squ City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) | Jare State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1250.00 | Date of Receipt |
| - | SUBTOTAL of Receipts This Page (optional) | - | 750.00 |
| | TOTAL This Period (last page this line number | only) 🕨 | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 112 / 144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Sq City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: | uare State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date | Date of Receipt 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.10026 Amount of Each Receipt this Period 250.00 contribution |
| В. | Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd | State Zip Code TX 78503 C Occupation private investor | Date of Receipt M M / D D / Y Y Y Y 0 4 / D D / Y Y Y Y Transaction ID: SA11AI.9693 Amount of Each Receipt this Period 250.00 contribution |
| - c. | Receipt For: Primary General Other (specify) ▼ 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) | Aggregate Year-to-Date ▼ 1000.00 1000.00 State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date Aggregate Year-to-Date ▼ 1250.00 1250.00 | Date of Receipt Date of Receipt D D D 20 2009 Transaction ID: SA11AI.9862 Amount of Each Receipt this Period 250.00 contribution |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | 750.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 113/144 (check only one) |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any perso lress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Larry Safir | | | Date of Receipt |
| | Mailing Address 3300 S. 2nd suite 10 | | | 0 6 1 8 Y Y Y Y Y 0 9 1 8 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.10027 |
| | mcallen | TX | 78503 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer self-employed | ame of Employer Occupation elf-employed private investor | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1500.00 | 1 |
| в. | Full Name (Last, First, Middle Initial) Juan Salazar | 0 0 | | Date of Receipt |
| | Mailing Address 801 E Nolana Loop | M M / D D / Y | | |
| | City | State | Zip Code | Transaction ID: SA11AI.9694 |
| | 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: | Aggregate | Year-to-Date 🔻 | _ |
| | Other (specify) | 0 0 | 1000.00 |] |
| C. | Full Name (Last, First, Middle Initial) Juan Salazar | 1 | | Date of Receipt |
| | Mailing Address 801 E Nolana Loop | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.9863 |
| | McAllen | ТХ | 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupation physician | | |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Other (specify) ▼ | | 1250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | •••••• | 750.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| ľ | CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers e name and address of any political committee to | FOR LINE NUMBER: PAGE 114 / 144 (check only one) Image: State of the state of |
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| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.10028 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 250.00 |
| | Name of Employer selfemployed | Occupation | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | physician Aggregate Year-to-Date 1500.00 |] |
| — В. | Full Name (Last, First, Middle Initial) Elisa Garza Sanchez | | Date of Receipt |
| | Mailing Address 3509 N. Glasscock | | M M / D D Y |
| | City Mission | State Zip Code TX 78574 | Transaction ID: SA11AI.9696 |
| | 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 ▼ 500.00 |] |
| – c. | Full Name (Last, First, Middle Initial) Elisa Garza Sanchez | | Date of Receipt |
| | Mailing Address 3509 N. Glasscock | | M M M / D D / Y Y Y Y 05 / 20 / 2009 |
| | City Mission | State Zip Code TX 78574 | Transaction ID: SA11AI.9865 |
| | 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 ▼ 625.00 |] |
| Γ | | | 500.00 |

| mmercial purposes, other than using the name IE OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) Garza Sanchez ng Address 3509 N. Glasscock sion ID number of contributing ral political committee. | for each category of the Detailed Summary Page ements may not be sold or used by any persume and address of any political committee to State Zip Code TX 78574 C | X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. 16 17 Date of Receipt 0 6 18 2009 Transaction ID: SA11AI.10030 Amount of Each Receipt this Period 125.00 Contribution 125.00 2009 Date of Receipt 125.00 125.00 Odd 125.00 2009 |
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| ammercial purposes, other than using the name IE OF COMMITTEE (In Full) RDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) .Garza Sanchez ng Address 3509 N. Glasscock sion ID number of contributing ral political committee. e of Employer epit For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | me and address of any political committee t State Zip Code TX 78574 C | Date of Receipt Date of Receipt Transaction ID: SA11AI.10030 Amount of Each Receipt this Period 125.00 contribution Date of Receipt M M / D D / Y Y Y Y |
| RDER HEALTH FEDERAL PAC Name (Last, First, Middle Initial) .Garza Sanchez ng Address 3509 N. Glasscock sion ID number of contributing ral political committee. e of Employer employed sipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | TX 78574 C Occupation physician Aggregate Year-to-Date | M M M / D / Y |
| Garza Sanchez ng Address 3509 N. Glasscock sion ID number of contributing ral political committee. e of Employer employed sipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | TX 78574 C Occupation physician Aggregate Year-to-Date | M M M / D / Y |
| N. Glasscock sion ID number of contributing ral political committee. e of Employer employed sipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | TX 78574 C Occupation physician Aggregate Year-to-Date | 0 6 1 8 2 0 0 9 Transaction ID: SA11AI.10030 Amount of Each Receipt this Period 125.00 contribution |
| sion ID number of contributing ral political committee. e of Employer employed sipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | TX 78574 C Occupation physician Aggregate Year-to-Date | Amount of Each Receipt this Period 125.00 contribution Date of Receipt |
| ID number of contributing ral political committee. e of Employer employed eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | C Occupation physician Aggregate Year-to-Date | 125.00 contribution |
| ral political committee. e of Employer employed sipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | Occupation physician Aggregate Year-to-Date | Date of Receipt |
| employed [*] Pipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | physician Aggregate Year-to-Date | Date of Receipt |
| eipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | Aggregate Year-to-Date ▼ | M M / D D / Y Y Y Y |
| Other (specify) ▼ Name (Last, First, Middle Initial) San Miguel | | M M / D D / Y Y Y Y |
| Name (Last, First, Middle Initial) San Miguel | | M M / D D / Y Y Y Y |
| San Miguel | | M M / D D / Y Y Y Y |
| 0 | | M M / D D / Y Y Y Y |
| | | |
| | State Zip Code | Transaction ID: SA11AI.9695 |
| sion | TX 78574 | Amount of Each Receipt this Period |
| ID number of contributing ral political committee. | C | 250.00 |
| e of Employer employed | Occupation physician | contribution |
| eipt For: | Aggregate Year-to-Date V | |
| Primary General Other (specify) ▼ | 1000.00 | |
| Name (Last, First, Middle Initial) San Miquel | | Date of Receipt |
| ng Address 1912 Fair Oak | | 05 20 2009 |
| | State Zip Code | Transaction ID: SA11AI.9864 |
| sion | TX 78574 | Amount of Each Receipt this Period |
| ID number of contributing ral political committee. | C | 250.00 |
| e of Employer employed | contribution | |
| eipt For: | Aggregate Year-to-Date V | |
| | 1250.00 | |
| Other (specify) T | | |
| | Name (Last, First, Middle Initial) San Miguel ng Address 1912 Fair Oak sion ID number of contributing al political committee. e of Employer employed | Name (Last, First, Middle Initial) San Miguel ng Address 1912 Fair Oak sion TX ID number of contributing al political committee. e of Employer employed Occupation physician ipt For: Aggregate Year-to-Date ▼ Primary General |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 116/144 | |
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| | ITEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | name and address of any political committee to | solicit contributions from such committee. | |
| İ | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Luis San Miguel | Date of Receipt | | |
| | Mailing Address 1912 Fair Oak | M M / D D / Y Y Y Y 06 18 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.10029 | |
| | Mission | TX 78574 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing federal political committee. | C | 191.68 | |
| | Name of Employer Self employed | Occupation | contribution | |
| | physician | | _ | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | | |
| | Other (specify) \bigtriangledown | 1441.68 | | |
| B. | Full Name (Last, First, Middle Initial) | | Date of Receipt | |
| в. | John Sharp Mailing Address P. O.Box 236 | | | |
| | | 04 10 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.9697 | |
| | <u>austin</u> | TX 78767 | 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: | Aggregate Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | 1000.00 |] | |
| C. | Full Name (Last, First, Middle Initial) John Sharp | | Date of Receipt | |
| 0. | Mailing Address P. O.Box 236 | | | |
| | City | State Zip Code | 0 5 2 0 2 0 0 9 Transaction ID: SA11AI.9866 | |
| | austin | TX 78767 | Amount of Each Receipt this Period | |
| | FEC ID number of contributing | | 250.00 | |
| | federal political committee. | | | |
| | Name of Employer self-employed | Occupation private investor | - contribution | |
| | Receipt For: | Aggregate Year-to-Date V | -1 | |
| | Primary General | | 1 | |
| | Other (specify) | 1250.00 | | |
| | SUBTOTAL of Receipts This Page (optional) | L | 691.68 | |
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| | TOTAL This Period (last page this line number | only) | | |

| ITEMIZED | E A (FEC Form 3X) RECEIPTS | Statements may | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 117 / 144 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 10 10 17 |
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| NAME OF C | OMMITTEE (In Full) HEALTH FEDERAL PAC | ne name and addr | ress of any political committee to | 5 solicit contributions from such committee. |
| A. John Sharp Mailing Addre City <u>austin</u> FEC ID num federal politic Name of Em self-employe Receipt For: Primar | d ´ | State TX C Occupation private inv Aggregate V | | Date of Receipt |
| B. Full Name (L Tawhid Shuai Mailing Addre City <u>mcallen</u> FEC ID numl federal politic Name of Em selfemployed Receipt For: Primar | ast, First, Middle Initial) bess 4000 Burns Drive ber of contributing cal committee. | State TX C Occupation physician Aggregate V | Zip Code 78503 Year-to-Date V 1000.00 | Date of Receipt 0 4 1 0 2 0 0 9 Transaction ID: SA11AI.9698 Amount of Each Receipt this Period 250.00 contribution |
| C. Tawhid Shuai Mailing Addre City mcallen FEC ID num federal politic Name of Em selfemployed Receipt For: Primar | ess 4000 Burns Drive ber of contributing cal committee. | State TX C Occupation physician Aggregate V | Zip Code 78503 Year-to-Date V 1250.00 | Date of Receipt 0 5 2 0 2 0 0 9 Transaction ID: SA11AI.9867 Amount of Each Receipt this Period 250.00 contribution |
| SUBTOTAL of | Receipts This Page (optional) | | | 750.00 |

| SCHEDULE A (FE | PTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 118 / 144 (check only one) |
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| Any information copied from or for commercial purposes NAME OF COMMITTEE BORDER HEALTH F | , other than using the name and a E (In Full) | ay not be sold or used by any pers ddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. Full Name (Last, First, M Tawhid Shuaib Mailing Address 4000 City mcallen FEC ID number of contri federal political committee Name of Employer selfemployed Receipt For: Primary ↓ 0 Other (specify) ▼ | Burns Drive State TX | Date of Receipt M M M D D Y Y Y Y Y 0 6 1 8 2 0 0 9 Transaction ID: SA11AI.10032 Amount of Each Receipt this Period 250.00 contribution | |
| Full Name (Last, First, M Dennis Slavin Mailing Address 1501 City weslaco FEC ID number of contrifederal political committee Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ | S. Oklahoma State TX ibuting ve. C Occupati physicia | | Date of Receipt Date of Receipt D D / Y Y Y Y D D / 2009 Transaction ID: SA11AI.9868 Amount of Each Receipt this Period 50.00 contribution |
| City weslaco FEC ID number of contri federal political committee Name of Employer selfemployed Receipt For: | S. Oklahoma State TX ibuting be. Occupati physicia | | Date of Receipt 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.10033 Amount of Each Receipt this Period 50.00 contribution |
| SUBTOTAL of Receipts T | his Page (optional) | | 350.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 119 / 144 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 | | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | tatements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| A. | Full Name (Last, First, Middle Initial) Joel Solis | Date of Receipt | | | |
| | Mailing Address 405 E. Avocet | 0 4 / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 9 | | | |
| | City Mcallen | State Zip Code TX 78501 | Transaction ID: SA11AI.9701 | | |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 189.12 | | |
| | Name of Employer self-employed | ame of Employer Occupation elf-employed physician | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 677.32 | | | |
| в. | Full Name (Last, First, Middle Initial) Joel Solis | | Date of Receipt | | |
| | Mailing Address 405 E. Avocet | 05 / 20 / Y Y Y Y 05 / 20 / 2009 | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9870 | | |
| | Mcallen FEC ID number of contributing federal political committee. | TX 78501 | Amount of Each Receipt this Period | | |
| | Name of Employer self-employed | Occupation physician | - contribution | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 855.98 | | | |
| C. | Full Name (Last, First, Middle Initial) Joel Solis | | Date of Receipt | | |
| | Mailing Address 405 E. Avocet | | 06 / D D / Y Y Y Y 0 6 / 18 / 2009 | | |
| | City | State Zip Code | Transaction ID: SA11AI.10035 | | |
| | Mcallen FEC ID number of contributing federal political committee. | TX 78501 | Amount of Each Receipt this Period | | |
| | Name of Employer self-employed | Occupation physician | - contribution | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 984.71 | | | |
| | SUBTOTAL of Receipts This Page (optional) | ······ | 496.51 | | |
| | TOTAL This Period (last page this line number | only) | | | |

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|---------|--|-----------------|--|--|
| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 120 / 144 |
| | | | for each category of the Detailed Summary Page | (check only one) |
| • | | | | X 11a 11b 11c 12 |
| Г | | | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | statements ma | ly not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| k | | name and ad | | |
| | | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Alejandro Tey | Date of Receipt | | |
| | Mailing Address 3012 Laurie Lane | 0 4 1 0 2 0 0 9 | | |
| | City State Zip Code | | | Transaction ID: SA11AI.9702 |
| | Edinburg | ТХ | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | Name of Employer Occupation | | contribution | |
| | Name of Employer Occupation Self employed physician | | | |
| | Receipt For: | _ | | |
| | Primary General | 1 | | |
| | Other (specify) | | | |
| | | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| В. | Alejandro Tey | Date of Receipt | | |
| | Mailing Address 3012 Laurie Lane | | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9871 |
| | Edinburg | ТΧ | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | 050.00 |
| | federal political committee. | C | | 250.00 |
| | Name of Employer | Occupatio | n | - contribution |
| | Self employed | physicial | | |
| | Receipt For: | 1 1 2 2 | e Year-to-Date 🔻 | — |
| | Primary General | , iggi ogut | | 1 |
| | Other (specify) | 0 0 | 1250.00 | |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Alejandro Tey | | | Date of Receipt |
| | Mailing Address 3012 Laurie Lane | | | |
| | 0:1 | 01-11- | 7 '. 0 | 06 18 2009 |
| | City <u>Edinburg</u> | State TX | Zip Code | Transaction ID: SA11AI.10036 |
| | | | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | | | | contribution |
| | Name of Employer Self employed | Occupatio | | |
| | | physicia | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | | 1500.00 | |
| | | 0 0 | | 1 |
| Γ | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| F | · · · · · · · · · · · · · · · · · · · | | | - |
| | TOTAL This Period (last page this line number | only) | | |

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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 121 / 144 (check only one) |
| | ITEMIZED RECEIPTS | | for each category of the | |
| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| [| Any information panied from such Departs and O | Statamonto mai | not be cold or used by any tart | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | e name and add | lress of any political committee to | or for the purpose of soliciting contributions o solicit contributions from such committee. |
| | | | , | |
| | BORDER HEALTH FEDERAL PAC | | | |
| | / BONDEN HEALTH FEDERAL PAC | | | |
| | Full Name (Last, First, Middle Initial) | | | Data di Davalat |
| Α. | Jose Trejo | | | Date of Receipt |
| | Mailing Address 112 S. Broadway | | | 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9703 |
| | mcallen | тх | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 250.00 |
| | · | | | contribution |
| | Name of Employer self-employed | Occupation | | |
| | | private in | | _ |
| | Receipt For: Primary General | Aggregate | Year-to-Date | |
| | Other (specify) | | 1000.00 | |
| | | 0 0 | 0 0 0 0 0 0 0 | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | Jose Trejo | | | Date of Receipt |
| | Mailing Address 112 S. Broadway | | | M M / D D / Y Y Y Y |
| | | | | 05 20 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9872 |
| | mcallen | TX | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 250.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupation | 1 | contribution |
| | self-employed | private in | vestor | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General | | 1250.00 | 1 |
| | Other (specify) | 0 0 | | 1 |
| - | Full Name (Last, First, Middle Initial) | | | |
| C. | Jose Trejo | | | Date of Receipt |
| | Mailing Address 112 S. Broadway | | | 0 6 1 8 2 0 0 9 |
| | | 01-1- | Zin Code | |
| | City mcallen | State TX | Zip Code | Transaction ID: SA11AI.10037 |
| | | | 78501 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | rederal political committee. | | | |
| | Name of Employer self-employed | Occupation | | contribution |
| | | private in | | |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General | | 1500.00 | 11 |
| | Other (specify) | | | 1 |
| I | | | | |
| | CURTOTAL of Descipto This Days (article) | | | 750.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | |
| | TOTAL This Period (last page this line number | r only) | • | |
| | INTE THIS I CHOU (IAST PAYE THIS HITE HUTTIDE | (iny) | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 122 / 144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAG | nd Statements may not be sold or used by any person the name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78504 C Occupation Occupation Aggregate Year-to-Date Aggregate Year-to-Date ▼ | Date of Receipt 0 4 1 0 2 0 0 9 Transaction ID: SA11AI.9704 Amount of Each Receipt this Period 250.00 contribution |
| B. Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City <u>mcallen</u> FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date ▼ | Date of Receipt Date of Receipt D 2 0 / Y Y Y Y D 2 0 9 Transaction ID: SA11AI.9873 Amount of Each Receipt this Period 250.00 contribution |
| C. Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 312 Thunderbird City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ | State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date Aggregate Year-to-Date ▼ | Date of Receipt Date of Receipt D 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.10038 Amount of Each Receipt this Period 250.00 contribution |
| SUBTOTAL of Receipts This Page (option | al) | 750.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 123/144 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | tatements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) <u>Marcel Twahirwa</u> Mailing Address 2403 El Encino Drive | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.9705 |
| | mission | TX 78572 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 250.00 |
| | Name of Employer selfemployed | Occupation | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | physician Aggregate Year-to-Date ▼ 1000.00 |] |
| - B. | Full Name (Last, First, Middle Initial) Marcel Twahirwa | | Date of Receipt |
| | Mailing Address 2403 El Encino Drive | | 05 20 Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9874 |
| | mission | TX 78572 | 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: | Aggregate Year-to-Date ▼ | - |
| | Primary General Other (specify) ▼ | 1250.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Marcel Twahirwa | | Date of Receipt |
| - | Mailing Address 2403 El Encino Drive | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10039 |
| | mission | TX 78572 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1500.00 |] |
| ſ | SUBTOTAL of Receipts This Page (optional) | ······ | 750.00 |
| ŀ | TOTAL This Period (last page this line number | · | |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 124 / 144 |
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| | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 |
| [| Any information copied from such Reports and S | tatements may not be sold or used by any perso | 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 FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Lourdes Uribe | | Date of Receipt |
| | Mailing Address 801 E. Nolana | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9706 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 75.00 |
| | Name of Employer Self employed | Occupation | contribution |
| | | physician | _ |
| | | Aggregate Year-to-Date | _ |
| | Other (specify) | 300.00 | |
| | | | |
| в. | Full Name (Last, First, Middle Initial) Lourdes Uribe | | Date of Receipt |
| D. | Mailing Address 801 E. Nolana | | |
| | | | 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9875 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 75.00 |
| | Name of Employer Self employed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General | 375.00 | 1 |
| | Other (specify) | | 1 |
| с. | Full Name (Last, First, Middle Initial) Lourdes Uribe | | Date of Receipt |
| 0. | Mailing Address 801 E. Nolana | | |
| | | | 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10040 |
| | McAllen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 75.00 |
| | Name of Employer Self employed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ |
| | Primary General | 450.00 | 1 |
| | Other (specify) 🔻 | | 1 |
| | SUBTOTAL of Receipts This Page (optional) | ۱ | 225.00 |
| | CODICIAL OF NECEIPIS THIS Fage (Optional) | | |
| | TOTAL This Period (last page this line number | only) | |

| I | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 125 / 144 (check only one) 11 X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee |
|---------|---|---|--|
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.9639 |
| | rio grande city | TX 78582 | 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 | |
| | Primary General | Aggregate Year-to-Date | _ |
| | Other (specify) ▼ | 1000.00 | |
| в. | Full Name (Last, First, Middle Initial) Jose Vasquez | | Date of Receipt |
| | Mailing Address 2548 Palm Circle | | M M / D D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9804 |
| | rio grande city | TX 78582 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) | 1250.00 | |
| - c. | Full Name (Last, First, Middle Initial) Jose Vasquez | | Date of Receipt |
| | Mailing Address 2548 Palm Circle | | 0 6 / D D / Y Y Y Y 0 6 1 8 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9971 |
| | rio grande city | TX 78582 | 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 ▼ 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | • | 750.00 |
| F | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 126 / 144 (check only one) X 11a 11b 11c 12 |
|---------|---|---|---|
| [| Any information copied from such Reports and S or for commercial purposes, other than using the | Detailed Summary Page tatements may not be sold or used by any perso | 13 14 15 16 17 on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Efraim Vela | | Date of Receipt |
| | Mailing Address 100 E. Ridge Road #B | | 04 10 Y Y Y Y 04 10 |
| | City | State Zip Code | Transaction ID: SA11AI.9707 |
| | McAllen | TX 78503 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 750.00 |] |
| - B. | Full Name (Last, First, Middle Initial) Dr. Efraim Vela | | Date of Receipt |
| | Mailing Address 100 E. Ridge Road #B | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.9876 |
| | <u>McAllen</u> | TX 78503 | 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: | Aggregate Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 1000.00 | |
| - C. | Full Name (Last, First, Middle Initial) Dr. Efraim Vela | I | Date of Receipt |
| | Mailing Address 100 E. Ridge Road #B | | M M / D D / Y Y Y Y Y 0 6 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10041 |
| | <u>McAllen</u> | TX 78503 | 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: | Aggregate Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 1250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | ····· | 750.00 |
| | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 127 / 144 |
|---------|--|-------------------------|--|---|
| | | | Use separate schedule(s) for each category of the | (check only one) |
| | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may | ⊥ y not be sold or used by any pers dress of any political committee t | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | | | |
| | BORDER HEALTH FEDERAL PAC | | | |
| A. | Full Name (Last, First, Middle Initial) Mr. Orlando Velazquez | | | Date of Receipt |
| | Mailing Address 1806 Summerfield Dri | ive | | M = M / D = D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.10042 |
| | Edinburg | TX | 78539 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer selfemployed | Occupatio | | contribution |
| | Receipt For: | private ir | _ | |
| | Primary General | Aggregate | e Year-to-Date V | - |
| | Other (specify) | 0 0 | 250.00 | |
| - В. | Full Name (Last, First, Middle Initial) Mr. Rolando Velazquez | -1 | | Date of Receipt |
| | Mailing Address Rt 2 Box 658 | | | M M / D D / Y Y Y Y 06 18 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.10043 |
| | Raymondville | TX | 78580 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 50.00 |
| | Name of Employer selfemployed | Occupatio private ir | | contribution |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| - C. | 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 04 10 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.9710 |
| | mission | TX | 78573 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 125.00 |
| | Name of Employer selfemployed | Occupatio physiciar | | contribution |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 500.00 |] |
| ſ | | | | 225.00 |
| ļ | SUBTOTAL of Receipts This Page (optional) . | | | |
| | TOTAL This Period (last page this line number | r only) | | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 128 / 144 (check only one) Image: Comparison of the second s |
|---------|---|--|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 | | Date of Receipt |
| | City | State Zip Code | 05 20 2009 Transaction ID: SA11AI.9879 |
| | mission | TX 78573 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 125.00 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |
| — В. | Full Name (Last, First, Middle Initial) Carlos Villalta | | Date of Receipt |
| | Mailing Address P. O. Box 1632 | | 0 6 / D D / Y Y Y Y 0 6 / 18 2009 |
| | City | State Zip Code TX 78573 | Transaction ID: SA11AI.10044 |
| | mission FEC ID number of contributing federal political committee. | TX 78573 | Amount of Each Receipt this Period |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ |
| | Primary General Other (specify) | 750.00 | |
| с. | Full Name (Last, First, Middle Initial) Rita Villanueva Mailing Address 801 E. Nolana Suite 4 | | Date of Receipt |
| | City | State Zip Code | Transaction ID: SA11AI.9711 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 223.56 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 781.23 | |
| | SUBTOTAL of Receipts This Page (optional) | • | 473.56 |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 129 / 144 |
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| | ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | (check only one) |
| | | Detailed Summary Page | $\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$ |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any person a name and address of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| | Bondenmerkennt Edenaet Ad | | |
| Α. | Full Name (Last, First, Middle Initial) Rita Villanueva | | Date of Receipt |
| | Mailing Address 801 E. Nolana Suite 4 | | 05 / D D / Y Y Y Y 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9881 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 179.12 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | _ |
| | Primary General | 960.35 | 1 |
| | Other (specify) | | |
| в. | 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 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10045 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 129.06 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) The second | 1089.41 |] |
| C. | Full Name (Last, First, Middle Initial) Victor Villarreal | 1 | Date of Receipt |
| | Mailing Address 901 W. Moore | | M M / D D / Y Y Y Y 0 4 10 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9712 |
| | pharr | TX 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 182.77 |
| | Name of Employer selfemployed | Occupation physician | - contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 638.69 |] |
| | SUBTOTAL of Receipts This Page (optional) | <u> </u> | 490.95 |
| | SUBTUTAL OF NECEIPIS THIS Page (optional) | | |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 130 / 144 |
|---------|---|--|------------------------------------|
| | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 |
| [| | | 13 14 15 16 17 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | | |
| ĺ | NAME OF COMMITTEE (In Full) | | |
| | BORDER HEALTH FEDERAL PAC | | |
| , А. | Full Name (Last, First, Middle Initial) Victor Villarreal | | Date of Receipt |
| | Mailing Address 901 W. Moore | | 0 5 2 0 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.9883 |
| | pharr | TX 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 146.44 |
| | Name of Employer | Occupation | contribution |
| | selfemployed | physician | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General | 785.13 | |
| | Other (specify) | | _ |
| в. | Full Name (Last, First, Middle Initial) Victor Villarreal | | Date of Receipt |
| | Mailing Address 901 W. Moore | | 0 6 1 8 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.10046 |
| | pharr | TX 78577 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 105.51 |
| | | | contribution |
| | Name of Employer selfemployed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General | | |
| | Other (specify) | 890.64 | |
| с. | Full Name (Last, First, Middle Initial) Roger Vitko | | Date of Receipt |
| | Mailing Address 1017 south 1st | 0 4 1 0 Y Y Y Y 2 0 0 9 | |
| | City | State Zip Code | Transaction ID: SA11AI.9713 |
| | mcallen | TX 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | 150.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation physician | contribution |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General | | |
| | Other (specify) | 600.00 | |
| [| | 1 | 401.95 |
| | SUBTOTAL of Receipts This Page (optional) | | |
| | TOTAL This Period (last page this line number | only) | • |

| | SCHEDULE A (FEC Form 3X) | Use separate schedule(| S) FOR LINE NUMBER: PAGE 131 / 144 |
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| | ITEMIZED RECEIPTS | for each category of the | |
| | | Detailed Summary Page | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ |
| Γ | Any information copied from such Reports and S | tatements may not be sold or used by any | |
| | or for commercial purposes, other than using the | name and address of any political commit | ttee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | |
| | BORDER HEALTH FEDERAL PAC | | |
| | / | | |
| Α. | Full Name (Last, First, Middle Initial) Roger Vitko | Date of Receipt | |
| <i>.</i> | Mailing Address 1017 south 1st | | |
| | | | 05 20 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9884 |
| | mcallen | TX 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | C | 150.00 |
| | federal political committee. | | |
| | Name of Employer self-employed | Occupation | contribution |
| | self-employed | physician | |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General | 750.00 | |
| | Other (specify) | | |
| - | Full Name (Last, First, Middle Initial) | | |
| В. | Roger Vitko | | Date of Receipt |
| | Mailing Address 1017 south 1st | | |
| | | | 06 18 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.10047 |
| | mcallen | TX 78502 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | 150.00 |
| | rederal political committee. | | |
| | Name of Employer self-employed | Occupation | contribution |
| | | physician | |
| | Receipt For: Primary General | Aggregate Year-to-Date | |
| | Other (specify) | 900.00 | |
| | | | 0 |
| - | Full Name (Last, First, Middle Initial) | | |
| C. | Raymond Walker | | Date of Receipt |
| | Mailing Address 1117 Shallow | | 04 / D D / Y Y Y Y 04 10 2009 |
| | apt 4 | State Zip Code | Transaction ID: SA11AI.9714 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | |
| | federal political committee. | C | 250.00 |
| | | | contribution |
| | Name of Employer self-employed | Occupation private investor | |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General | | 0 |
| | Other (specify) | 1000.00 | 0 |
| - | | | |
| | | | EE0.00 |
| | SUBTOTAL of Receipts This Page (optional) | | ▶ 550.00 |
| ſ | | | |
| | TOTAL This Period (last page this line number | only) | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 132 / 144 (check only one) X 11a 11b 11c 12 |
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| | | Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| | 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 perso name and address of any political committee to | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Raymond Walker | | Date of Receipt |
| | Mailing Address 1117 Shallow apt 4 | | 05 / 20 / Y Y Y Y 05 / 20 / 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9885 |
| | mcallen | TX 78504 | 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: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1250.00 | |
| в. | Full Name (Last, First, Middle Initial) Raymond Walker | | Date of Receipt |
| | Mailing Address 1117 Shallow apt 4 | | M M / D D / Y |
| | City | State Zip Code | Transaction ID: SA11AI.10048 |
| | mcallen | TX 78504 | 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: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 1500.00 | |
| C. | Full Name (Last, First, Middle Initial) James Webb | I | Date of Receipt |
| | Mailing Address 312 Redbud | | 04 / 10 / Y Y Y Y 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.9715 |
| | mcallen | TX 78504 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 174.92 |
| | Name of Employer self-employed | Occupation private investor | - contribution |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 611.26 | |
| | SUBTOTAL of Receipts This Page (optional) | L | 674.92 |
| | TOTAL This Period (last page this line number | - | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate for each cate | e schedule(s) egory of the | FOR LINE NUMBER: PAGE 133 / 144 (check only one) |
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| J | | Detailed Sun | | 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 | tatements may not be sold or un name and address of any polit | used by any person tical committee to s | n for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) James Webb | | | Date of Receipt |
| | Mailing Address 312 Redbud | | | 05 / D / Y Y Y Y 05 20 2009 |
| | City | State Zip Code | | Transaction ID: SA11AI.9886 |
| | mcallen | TX 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 161.85 |
| | Name of Employer self-employed | Occupation private investor | | - contribution |
| | Receipt For: | Aggregate Year-to-Date | 7 | - |
| | Primary General Other (specify) ▼ | | 773.11 | |
| - В. | Full Name (Last, First, Middle Initial) James Webb | | | Date of Receipt |
| | Mailing Address 312 Redbud | | | 0 6 / D D / Y Y Y Y 2 0 0 9 |
| | City | State Zip Code | | Transaction ID: SA11AI.10049 |
| | mcallen | TX 78504 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 116.62 |
| | Name of Employer self-employed | Occupation private investor | | - contribution |
| | Receipt For: | Aggregate Year-to-Date | 7 | |
| | Primary General Other (specify) ▼ | | 889.73 | |
| - C. | Full Name (Last, First, Middle Initial) Patrick Wilcox | 1 | | Date of Receipt |
| | Mailing Address 111 Rio Grande | | | M M / D D / Y Y Y Y 04 10 2009 |
| | City | State Zip Code | | Transaction ID: SA11AI.9716 |
| | 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: | Aggregate Year-to-Date | 7 | |
| | Primary General Other (specify) ▼ | | 400.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | I | • | 378.47 |
| F | TOTAL This Period (last page this line number | | | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 134 / 144 (check only one) Image: Compare the second se |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | nd Statements may not be sold or used by any person the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A. Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: | State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date | Date of Receipt |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) | State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 600.00 | Date of Receipt 0 6 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.10050 Amount of Each Receipt this Period 100.00 contribution |
| C. 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 Aggregate Year-to-Date ▼ 250.00 | Date of Receipt 0 5 / 2 0 / 2 0 0 9 Transaction ID: SA11AI.9888 Amount of Each Receipt this Period 50.00 contribution |
| SUBTOTAL of Receipts This Page (optiona | al) | 250.00 |

| | CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 135 / 144 (check only one) X X 11a 11b 11c 12 | | | | | | | |
|-----|--|---|---|--|--|--|--|--|--|--|
| | 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 pers | | | | | | | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | | | | | |
| ∡. | Full Name (Last, First, Middle Initial) Subbarrao Yarra | | Date of Receipt | | | | | | | |
| | Mailing Address 6905 N. Cynthia | | 06 18 2009 | | | | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.10051 | | | | | | | |
| | McAllen | TX 78504 | 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: | Aggregate Year-to-Date 🔻 | | | | | | | | |
| | Other (specify) | 300.00 | | | | | | | | |
| - | Full Name (Last, First, Middle Initial) Hugo Zapata | | Date of Receipt | | | | | | | |
| | Mailing Address 316 Xenops | | M M / D D / Y | | | | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9718 | | | | | | | |
| | mcallen | TX 78504 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | | 250.00 | | | | | | | |
| | Name of Employer selfemployed | Occupation physician | | | | | | | | |
| | Receipt For: Primary General | Aggregate Year-to-Date | _ | | | | | | | |
| | Other (specify) | 1000.00 | | | | | | | | |
| . – | Full Name (Last, First, Middle Initial) Hugo Zapata | | Date of Receipt | | | | | | | |
| | Mailing Address 316 Xenops | | M M / D D / Y Y Y Y 05 20 2009 | | | | | | | |
| | City | State Zip Code | Transaction ID: SA11AI.9889 | | | | | | | |
| | mcallen | TX 78504 | Amount of Each Receipt this Period | | | | | | | |
| | FEC ID number of contributing federal political committee. | 250.00 | | | | | | | | |
| | Name of Employer selfemployed | contribution | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date 1250.00 |] | | | | | | | |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 550.00 | | | | | | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 136 / 144 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the | tatements may name and ad | y not be sold or used by any persor dress of any political committee to a | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Α. | Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops | | | Date of Receipt |
| | City mcallen | State TX | Zip Code 78504 | Transaction ID: SA11AI.10052 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer selfemployed | Occupatio physiciar | | - contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |

| SUBTOTAL of Receipts This Page (optional) | ► | 250.00 |
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| TOTAL This Period (last page this line number only) | ► | 83869.54 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate for each cate Detailed Sum | gory of the | FOR LINE NUMBER: PAGE 137 / 144 (check only one) 11a 11a 11b 11c 12 13 14 15 X 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or u dress of any polit | sed by any person ical committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | |
| Α. | Full Name (Last, First, Middle Initial) Ken Salazar Mailing Address 702 Hart Senate Office | Building | | | Date of Receipt |
| | City Washington | State DC | Zip Code 20510 | | Transaction ID: SA16.10054 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C 540 | CO00163 | 0 0 | 5000.00 |
| | Name of Employer US Senate | Occupatio Us Sena | | | return of contribution by ken salazar |
| | Receipt For: 2010 Primary X Other (specify) ▼ | Aggregate | e Year-to-Date | 5000.00 | |

| SUBTOTAL of Receipts This Page (optional) | ► | | | 5000.00 |) |
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| TOTAL This Period (last page this line number only) | ► | | | 5000.00 |) |

| SCHEDULE B (| | - | | arate schedule(s) | | - | R LINE | NUMBE one) | R: | | | P | AGE | 138 | / 144 |
|---|--|----|------------------------------------|---------------------------------|----|---------------|-----------|---|-------|--------------------------|-----|--------------|------|----------|----------------|
| ITEMIZED DISB | UKSEMEN | 12 | Detailed | category of the Summary Page | | | 21b 27 | 22 28a | | 23 28b | F | 24 28c | F | 25 29 | 23 |
| Any Information copied fr or for commercial purpos | | | | | | | | | | | | | | | s |
| NAME OF COMMITT | . , | кС | | | | | | | | | | | | | |
| Full Name (Last, First AC Rentals | t, Middle Initial) | | | | | | | | | i on ID isburs | | SB21 nent | B.1(| 0083 | |
| Mailing Address | PO Box 2673 | | | | | | | 0 ^M 6 | М | / D | 3 (| D / | Y 2 | źoò | 9 [×] |
| City McAllen | | | itate TX | Zip Code 78502 | | | | Amou | unt o | fEacl | h C | Disburs | emer | nt this | Period |
| Purpose of Disburser rental expenditures | ment | | | | | 001 | | L. | | | | | 9 | 900.00 | 0 |
| Candidate Name | | | | | | atego Type | | | | | | | | | |
| Office Sought: | House Senate President | | nent For: Primary Other (spe | General | | | | | | | | | | | |
| State: Dis Full Name (Last, First | strict: | | | | | | | | | | | | | | |
| Cameo Parking S | , | | | | | | | | | isburs | ser | | | | V |
| Mailing Address | Mailing Address 1311 E. Hackberry Avenue | | | | | | | | | | | | | | |
| City McAllen | | | | | | | | Amount of Each Disbursement this Period | | | | | | | |
| Purpose of Disburser membership solicitation Candidate Name | | | | | Ca | 003 atego | ry/ | L. | | | | | 13 | 380.19 | 9 |
| Office Sought: | House Senate President strict: | | nent For: Primary Other (spe | General | | Туре | | | | | | | | | |
| Full Name (Last, First Suleima Mohamed | | | | | | | | Date | of D | isburs | ser | | | | |
| _ | 5408 N. Cynthia | | | | | | | 0 ^M 6 | М | / D | 2 ! | 5 | Ŷ | 200 | 9 [°] |
| City McAllen | | | itate TX | Zip Code 78504 | | | | Amou | unt o | f Eacl | n D | Disburs | | | |
| contract labor service | Purpose of Disbursement contract labor services | | | | | 001 | | L. | | | | | 2 | 289.40 | 0 |
| Candidate Name | Category/ Type | | | | - | | | | | | | | | | |
| Office Sought: | House Senate President | | nent For: Primary Other (spe | General ecify) ▼ | | | | | | | | | | | |
| | strict: | | | | | | | | | | | | | | |
| State: Di | 51101. | | | | | | | | | - | | | | 69.59 | |

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| 9 | SCHEDULE B (FEC Form 3X) | | FOR LINE | NUMBER: PAGE 139 / 144 |
|----|--|--|-------------------|---|
| | TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | (check only | |
| | | Detailed Summary Page | X 21b | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ |
| | Any Information copied from such Reports and Statem or for commercial purposes, other than using the name | | | |
| | NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| | Full Name (Last, First, Middle Initial) | | | Transaction ID: SB21B.10078 |
| Α. | Peppers | | | Date of Disbursement |
| | Mailing Address 4620 North 10th Street | | | $\begin{array}{c} \begin{array}{c} M & M \\ 0 & 6 \end{array} \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} D \\ 0 & 1 \end{array} \begin{array}{c} D \\ \end{array} \begin{array}{c} D \\ 0 & 1 \end{array} \begin{array}{c} T \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \begin{array}{c} Y \\ \end{array} \begin{array}{c} Y \\ \end{array} \end{array} \end{array} \end{array} $ |
| | City McAllen | State Zip Code TX 78504 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement membership solicitatin expenditure | | 003 | 1223.51 |
| | Candidate Name | | Category/ Type | |
| | Senate President | ment For: Primary General Other (specify) ▼ | | |
| _ | State: District: | | | |
| В. | Full Name (Last, First, Middle Initial) Wray & Company | | | Transaction ID: SB21B.10060 Date of Disbursement |
| | Mailing Address 19678 Landrum Park Ro | ad | | |
| | City San Benito | State Zip Code TX 78586 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | 003 | 6240.00 |
| | Candidate Name | | Category/ Type | |
| | Office Sought: House Disburse Senate President | ment For: Primary General Other (specify) ▼ | | |
| | State: District: | | | |

| | | EEO Cabadula D (Farm 0)0 (Davia al 00/0 |
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| TOTAL This Period (last page this line number only) | ► | 10033.10 |
| SUBTOTAL of Disbursements This Page (optional) | ► | 7463.51 |

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| SCHEDULE B (FEC Form 3X) | | FOR LINE NUM | MBER: PAGE 140 / 144 |
|--|---|-------------------|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | | |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the name | | any person for th | le purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | |
| Full Name (Last, First, Middle Initial) MARK BEGICH | | D | ransaction ID: SB23.10072 Date of Disbursement |
| Mailing Address PO BOX 410 | | | M 4 7 0 9 7 2 0 0 9 |
| City PALMER | State Zip Code AK 99645 | A | mount of Each Disbursement this Period |
| Purpose of Disbursement contribution Candidate Name | | 011 | 5000.00 |
| MARK BEGICH Office Sought: House Disburs | | Type | |
| Full Name (Last, First, Middle Initial) SHERROD BROWN | | | ransaction ID: SB23.10070 Date of Disbursement |
| Mailing Address 37905 HERON LN | | | M 4 / D 0 6 / Y Y Y Y Y 0 4 / D 0 6 / Y Y Y Y Y Y |
| City AVON LAKE | State Zip Code OH 44011 | A | mount of Each Disbursement this Period |
| Purpose of Disbursement contribution Candidate Name | | 011 | 5000.00 |
| SHERROD BROWN | 1 | ategory/ Type | |
| | ement For: 2009 Primary General Other (specify) V | | |
| Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN | | D | ransaction ID: SB23.10074 Date of Disbursement |
| Mailing Address P O BOX 811 | | | M 4 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City DES MOINES | State Zip Code IA 50304 | A | mount of Each Disbursement this Period |
| Purpose of Disbursement contribution | | 011 | 5000.00 |
| Candidate Name CITIZENS FOR HARKIN | ۲ ۱ | ategory/ Type | |
| ° | ement For: 2009 Primary General Other (specify) ▼ | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 15000.00 |
| TOTAL This Period (last page this line number only | | 🕨 | |

| SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS | Use separate schedule(s) | - | IE NUMBER: PAGE 141 / 144 | | | | | | | |
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| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check or 21b 27 | nly one) 22 X 23 28a 28 | | 4 8c | 25 29 | | | | |
| Any Information copied from such Reports and State or for commercial purposes, other than using the nar | | | | | | | ; | | | |
| NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC | | | | | | | | | | |
| / Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIG | N COMMITTEE | | Transaction Date of Disbu | ursement | | - | | | | |
| Mailing Address 120 MARYLAND AVEN | UE NE | | 04 | ^D 0 2 | Ŷ Ŷ | 0 Å S |) ^Y | | | |
| City WASHINGTON | State Zip Code DC 20002 | | Amount of Ea | ach Disbu | | | | | | |
| Purpose of Disbursement contribution Candidate Name | | 011 Category/ | L | <u> </u> | 150 | 00.00 | | | | |
| Office Sought: House Disburs Senate President State: District: | sement For: 2009 Primary X General Other (specify) ▼ | Туре | _ | | | | | | | |
| Full Name (Last, First, Middle Initial) AMY J KLOBUCHAR | | | Transaction Date of Disbu | ursement | | | | | | |
| Mailing Address PO BOX 4146 | | | 04 | D 0 8 | Ý Ž | 0 ò s |) Y | | | |
| City ST PAUL | StateZip CodeMN55104 | | Amount of Ea | ach Disbu | | | | | | |
| Purpose of Disbursement contribution Candidate Name | | 011 Category/ | <u> </u> | | 50 | 00.00 | | | | |
| AMY J KLOBUCHAR | | Туре | _ | | | | | | | |
| 5 | sement For: 2009 K Primary General Other (specify) ▼ | | | | | | | | | |
| Full Name (Last, First, Middle Initial) GREGORY W. MEEKS | | | Transaction Date of Disbu | ursement | | | | | | |
| Mailing Address 153-01 Jamaica Ave. Suite 535 | | | 06 | ^D 23 | Ý Ž | 0 ð S |) ^Y | | | |
| City Jamaica | State Zip Code NY 11432 | | Amount of Ea | ach Disbu | | | | | | |
| Purpose of Disbursement contribution | | 011 | | | 50 | 00.00 | | | | |
| Candidate Name GREGORY W. MEEKS | | Category/ Type | | | | | | | | |
| Senate 2 President | sement For: 2009 <pre></pre> | | | | | | | | | |
| State: NY District: 06 SUBTOTAL of Disbursements This Page (optional |) | ····· Þ | | | 250 | 00.00 | | | | |
| TOTAL This Period (last page this line number only | /) | ► | | | | | | | | |
| E6AN026 | | | FEC Sche | edule B (| Form 3> | (Re | vised | | | |

| c | | R (EEC Form ? | RX) | | | | | | | |
|----|--|-----------------------------|----------------------|----------------------|-------------|---|-----------------------|--|--|--|
| | SCHEDULE B (FEC Form 3X) | | ² Use sep | arate schedule(s) | (check only | NUMBER: | PAGE 142 / 144 | | | |
| ľ | TEMIZED DI | SBURSEMEN | | category of the | | | 24 25 26 | | | |
| | | | Detailed | Summary Page | | 28a 28b | 28c 29 30b | | | |
| Γ | Any Information conie | d from such Reports : | and Statements may r | not be sold or user | | | | | | |
| | 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 | | | | | | | | | |
| k | | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | \ | LTH FEDERAL PA | C | | | | | | | |
| | | | 0 | | | | | | | |
| Ľ | Full Name (Last, | First, Middle Initial) | | | | Transaction ID: S | B22 10094 | | | |
| Α. | Robert Menend | , | | Date of Disbursement | | | | | | |
| | | | | | | | | | | |
| | Mailing Address One Gateway Center Suite 1100 | | | | | $ \begin{array}{c} \stackrel{M}{0}5 \stackrel{M}{} \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} \stackrel{D}{0} \stackrel{D}{4} \\ \end{array} \begin{array}{c} \prime \\ \end{array} \begin{array}{c} \stackrel{Y}{2} \stackrel{Y}{2} \stackrel{Y}{0} \stackrel{Y}{9} \\ \end{array} \begin{array}{c} \stackrel{Y}{2} \\ \end{array} $ | | | | |
| | City | | State | Zip Code | | Amount of Each Dist | oursement this Period | | | |
| | Newark | | NJ | 07102 | | | | | | |
| | Purpose of Disbu | rsement | | | | 5000.00 | | | | |
| | contribution | | | | 011 | | | | | |
| | Candidate Name | J | | | Category/ | | | | | |
| | Robert Meneno | | | | Туре | | | | | |
| | Office Sought: | House | Disbursement For: | 2009 | | | | | | |
| | | X Senate | X Primary | General | | | | | | |
| | | President | Other (sp | ecify) 🔻 | | | | | | |
| | State: NJ | District: | | | | | | | | |
| - | • | First, Middle Initial) | | | | Transaction ID: S | B23.10069 | | | |
| В. | JON TESTER | | | | | Date of Disbursement | | | | |
| | | | | | | 04 ^{//} 02 | ² 2009 | | | |
| | Mailing Address | 709 SON LANE PO BOX 1248 | | | | 0 + 0 2 | 2000 | | | |
| | City | 10 007 1240 | State | Zip Code | | Amount of Each Dist | oursement this Period | | | |
| | BIG SANDY | | MT | 59520 | | Amount of Each Dist | | | | |
| | Purpose of Disbu | rsement | | | | | 5000.00 | | | |
| | contribution | | | | 011 | | | | | |
| | Candidate Name | | | | Category/ | | | | | |
| | JON TESTER | | | | Туре | | | | | |
| | Office Sought: | House | Disbursement For: | 2009 | | | | | | |
| | | X Senate | X Primary | General | | | | | | |
| | | President | Other (sp | ecify) 🔻 | | | | | | |
| | State: MT | District: 00 | | | | | | | | |

| | SUBTOTAL of Disbursements This Page (optional) | ► | 10000.00 |
|---|---|---|---|
| | TOTAL This Period (last page this line number only) | ► | 50000.00 |
| Ì | FE6AN026 | | FEC Schedule B (Form 3X) (Revised 02/2003) |

| | | | | PAGE 143 / 144 | | | |
|---|---|-------------------------|---------------------------|---|--|--|--|
| SCHEDULE D (FEO | C Form 3X) | (Use separate | FOR LINE NUMBER: | | | | |
| DEBTS AND OBLIC | GATIONS | schedule(s) for each | (check only one) | | | | |
| Excluding Loans | | numbered line) | X 10 | | | | |
| NAME OF COMMITTE | E (In Full) | | 1 | | | | |
| BORDER HEALTH F | EDERAL PAC | | | | | | |
| | First Middle Initial) of Debter | Noture of D | Nature of Debt (Purpose): | | | | |
| AC Rentals | Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | rental space | | | |
| | AC helitais | | | | | | |
| Mailing Address P | Mailing Address PO Box 2673 | | | | | | |
| | - | | | | | | |
| City | State | ZIP Code | | | | | |
| McAllen | TX | 78502 | | | | | |
| Outstanding Balar | nce Beginning This Period | | Tra | nsaction ID: SD10.9553 | | | |
| | 900.00 | | | | | | |
| Amount In | curred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | | |
| | | | | Outstanding Balance at Close of This Period 900.00 | | | |
| | 0.00 | 0.00 | | | | | |
| | | | | | | | |
| AC Rentals | First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Purpose): rental space | | | |
| AO Heritais | | | Tental Spa | remai space | | | |
| Mailing Address P | Mailing Address PO Box 2673 | | | | | | |
| | | | | | | | |
| City | State | ZIP Code | | | | | |
| McAllen | TX | 78502 | | | | | |
| Outstanding Balar | Outstanding Balance Beginning This Period | | | Transaction ID: SD10.10053 | | | |
| | 0.00 | | | Outstanding Balance at Close of This Period | | | |
| | curred This Period | Payment This Period | Qutatandi | | | | |
| Amount in | | | | | | | |
| | 900.00 | 0.00 | | 900.00 | | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | 1800.00 | | | |
| 1) SUBTOTALS This | Period This Page (optional) | | 1000.00 | | | | |
| 2) TOTALS This Period (last page this line number only) 1800.00 | | | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | | | | |
| | | | | | | | |
| 4) ADD 2) and 3) and | 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | | | |

FE6AN026

B. Form/Schedule : SD10 Transaction ID : SD10.10053 rent expenditure for office for 1st quarter of 2009 incurred but not paid.