PAGE 1 / 562

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	r Other Than An Autr	onzed Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FED	ERAL PAC		
<u> </u>			
ADDRESS (number and street)	612 W. Nolana Suite 340		
Check if different			
than previously reported. (ACC)	McAllen		TX 78504 -
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00415752	3. IS	THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Floation	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on	in the State of
5. Covering Period 07	01 2017	through 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of Perez, Ernie, , ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	rnie, , ,	[Electronically Filed]	Date 01 31 / 2018
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name BORDER HEALTH FEDERAL PAC 07 01 2017 12 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 319213.78 January 1. 2017 (b) Cash on Hand at 476133.21 Beginning of Reporting Period..... 265891.08 531785.28 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 850999.06 742024.29 6(a) and 6(c) for Column B)..... 187229.45 296204.22 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 554794.84 554794.84 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 1800.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### BORDER HEALTH FEDERAL PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Iotal This Period	Calendar fear-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	260312.50	488695.00
(i) iternized (use Schedule A)	7 7	
(ii) Unitemized	5578.58	43090.28
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	265891.08	531785.28
****		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		F0.1=0= 00
Totals to Line 33, page 5)	265891.08	531785.28
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Lean Denoymenta Descived	0.00	0.00
Loan Repayments Received  Offsets To Operating Expenditures	0.00	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	45	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	45 45	4
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Lovill Fullds (from collectule Fls)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	4 4	45 45
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	265891.08	531785.28
Total Federal Receipts		
	265891.08	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	42229.45	91204.22		
(add 21(a)(i), (a)(ii), and (b))▶	42229.45	91204.22		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	145000.00	205000.00		
Independent Expenditures	143000.00	4 4 4		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(3)  (a) Allocated Federal Election Activity  (from Schedule H6)  (i) Federal Share	0.00	0.00		
.,	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	187229.45	296204.22		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	187229.45	296204.22		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

,		3
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)	265891.08	531785.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	265891.08	531785.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	42229.45	91204.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42229.45	91204.22

	FOR LINE NUMBER:					PAGE	6	OF	 562	
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

	Statements may not be sold or used by any perse name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Aboujamous, Riad, , Mr.,  Mailing Address 1217 Fullerton	Date of Receipt					
City McAllen	State Zip Code TX 78504	09 15 2017 Transaction ID : SA11AI.39959				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Memo Item contribution				
Full Name of Individual (Last, First, Middle In Aboujamous, Riad, , Mr.,  Mailing Address 1217 Fullerton  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID : SA11AI.39960  Amount of Each Receipt this Period  25.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle In: Aboujamous, Riad, , Mr.,  Mailing Address 1217 Fullerton  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	250.00  itial) or Full Organization Name  State	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40937  Amount of Each Receipt this Period  25.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER:					PAGE	=	7	OF	: :	562	
(check only one)											
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Aboujamous, Riad, , Mr.,  Mailing Address 1217 Fullerton  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  12	
Full Name of Individual (Last, First, Middle I Abreu, Charity, , ,  Mailing Address 1619 hertiage lane  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1750.00	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39634  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Abreu, Charity, , ,  Mailing Address 1619 hertiage lane  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)		525.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	8	OF	,	562		
(check only one)											
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			13		14		15	16	;		17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.39962
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middle Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.39963
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name of Individual (Last, First, Middle C. Abreu, Charity, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1619 hertiage lane		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.40940
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General		
Other (specify)	2750.00	
SUBTOTAL of Receipts This Page (optional).	•	750.00
TOTAL This Period (last page this line number	er only)	

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	and Statements may not be sold or used by any pers g the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Midd Abreu, Charity, , , Mailing Address 1619 hertiage lane	Date of Receipt					
City	State Zip Code	12 15 2017 Transaction ID : SA11AI.40941				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee	physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00					
Full Name of Individual (Last, First, Midd Abreu, Ricardo, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 200		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
E. Xenops	State Zip Code					
McAllen	TX 78504	Transaction ID : SA11AI.39635  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00					
Full Name of Individual (Last, First, Midd Abreu, Ricardo, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 200  E. Xenops  City	State Zip Code	08 17 2017  Transaction ID : SA11Al.39964				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:						
Primary General Other (specify)	1200.00					
SUBTOTAL of Receipts This Page (options	al)	550.00				
TOTAL This Period (last page this line nur	nber only)					

FOR	PAGE	10	OF	Ę	62				
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	nd Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 200 E. Xenops		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.39965				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	150.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Self employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	Aggregate rear-to-pate 4					
Other (specify) ▼	1350.00					
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 200		M M / D D / Y Y Y Y				
E. Xenops	Chata Zin Cada	10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.39966				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500,00					
Full Name of Individual (Last, First, Middle Abreu, Ricardo, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 200 E. Xenops		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.40942				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1650.00					
SUBTOTAL of Receipts This Page (optional	I) <b>&gt;</b>	450.00				
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER:						PAGE	_ ′	11	OF	;	562
(check only one)											
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	ts and Statements may not be sold or used by any per- using the name and address of any political committee t	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDE	RAL PAC	
Full Name of Individual (Last, First, M Abreu, Ricardo, , , , Mailing Address 200  E. Xenops  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1800.00	Date of Receipt  12
B. Abreu, Ruben, , ,  Mailing Address 104 augusta square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify) ▼	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1750.00  iddle Initial) or Full Organization Name	Date of Receipt  O7 20 2017  Transaction ID: SA11Al.39636  Amount of Each Receipt this Period  250.00  Memo Item contribution
C. Abreu, Ruben, , ,  Mailing Address 104 augusta square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State   Zip Code   78503   C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (opti	onal)	650.00
TOTAL This Period (last page this line	number only)	

	FOR LINE NUMBER:						PAGE	 12	OF	 562
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16		17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Abreu, Ruben, , ,  Mailing Address 104 augusta square	nitial) or Full Orga	nization Name	Date of Receipt
			09 15 2017
City	State	Zip Code	Transaction ID : SA11AI.39968
mcallen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00		
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employee	physicia	an 	contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		2250.00	
Full Name of Individual (Last, First, Middle Ir Abreu, Ruben, , ,	nitial) or Full Orga	inization Name	Date of Receipt
Mailing Address 104 augusta square	To: ·	7:00-1-	10 19 2017
City	State	Zip Code 78503	Transaction ID : SA11AI.39969
mcallen	1/	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employee	Occupa physici:	ation (for Individual) ian	Memo Item contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General  Other (specify) ▼		2500.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	ınization Name	Date of Receipt
Mailing Address 104 augusta square			M = M / D = D / Y = Y = Y = Y 11 17 2017
City	State	Zip Code	Transaction ID : SA11AI.40944
mcallen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employee	physicia	an	contribution
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		2750.00	
SUBTOTAL of Receipts This Page (optional)		·····	750.00
TOTAL This Period (last page this line number	r only)		

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

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

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

13 OF 562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Abreu, Ruben, , , Date of Receipt Mailing Address 104 augusta square 15 2017 City State Zip Code Transaction ID: SA11AI.40945 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aguilera, Juan, , , Date of Receipt Mailing Address 807 North Cage 07 2017 City State Zip Code Transaction ID: SA11AI.39637 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Aguilera, Juan, , , Date of Receipt Mailing Address 807 North Cage 17 2017 City State Zip Code Transaction ID: SA11AI.39970 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3200.00 Other (specify)

7

1050.00

	FOR LINE NUMBER:						PAGE	1	14	OF	5	62
(check only one)												
		×	11a		11b		11c		12			
			13		14		15		16			17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Aguilera, Juan, , ,  Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  M M J J J J J J J J J J J J J J J J J	
Full Name of Individual (Last, First, Middle Aguilera, Juan, , , Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78577  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.39972  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Aguilera, Juan, , ,  Mailing Address 807 North Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78577  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4400.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	•	15	OF	,	562
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold one name and address of any p	r used by any person for the purp plitical committee to solicit contribu	ose of soliciting contributions utions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle II Aguilera, Juan, , ,  Mailing Address 807 North Cage	nitial) or Full Organization Nam	Date of Rec	D D / Y Y Y Y Y Y				
City	Ciata Transition	12	15 2017				
City Pharr	State Zip Code 78577		on ID : SA11AI.40947 Each Receipt this Period				
FEC ID number of contributing federal political committee.	federal political committee.						
Name of Employer (for Individual) selfemployed Receipt For:	Memo contribution	Item					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	4800.00					
Full Name of Individual (Last, First, Middle II  Alam, S.M. Golam, , Dr.,  Mailing Address 1200 E. Savannah #7	nitial) or Full Organization Nam	Date of Rec	D D / Y Y Y Y Y				
City McAllen	I	17 2017  on ID : SA11AI.40948  Each Receipt this Period					
FEC ID number of contributing federal political committee.	TX 78504	Alliount of	20.00				
Name of Employer (for Individual) selfemployed	Occupation (for Indiprivate investor	vidual) Memo contribution	Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	220.00					
Full Name of Individual (Last, First, Middle In Alam, S.M. Golam, , Dr.,	nitial) or Full Organization Nam	e Date of Rec	ceipt				
Mailing Address 1200 E. Savannah #7	01-1-	M M / 12	15 2017				
City McAllen	State Zip Code 78504		on ID : SA11AI.40949				
FEC ID number of contributing federal political committee.	C	Amount of	Each Receipt this Period				
Name of Employer (for Individual) selfemployed	Memo contribution	Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	240.00					
SUBTOTAL of Receipts This Page (optional)			440.00				
TOTAL This Period (last page this line number	· only)						

FOR LINE NUMBER:						PAGE	_ ′	16	OF	562
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	nd Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full)						
BORDER HEALTH FEDERA						
Full Name of Individual (Last, First, Middle Alizy, Sahar, , Ms,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1609 Martin		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.39977				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	25.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	225.00					
Full Name of Individual (Last, First, Middle Alizy, Sahar, , Ms,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1609 Martin		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.39978				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle	Pinitial) or Full Organization Name	Date of Receipt				
Mailing Address 1609 Martin		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.40950				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item				
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	275.00					
SUBTOTAL of Receipts This Page (optional	l)	75.00				
	<u>,                                      </u>					
TOTAL This Period (last page this line number	ber only)					

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PAGE 17 OF 562 12 11c 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alizy, Sahar, , Ms, Date of Receipt Mailing Address 1609 Martin 15 2017 City Zip Code State Transaction ID: SA11AI.40951 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Alleyn, Michael, , , Date of Receipt Mailing Address 5505 N. 4th 07 2017 City State Zip Code Transaction ID: SA11AI.39640 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alleyn, Michael, , , Date of Receipt Mailing Address 5505 N. 4th 17 2017 City State Zip Code Transaction ID: SA11AI.39979 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional).....

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	and Statements may not be sold or used by any pening the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Midd Alleyn, Michael, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5505 N. 4th		09 15 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code	Transaction ID : SA11AI.39980
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middal). Alleyn, Michael, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5505 N. 4th		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.39981
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name of Individual (Last, First, Mido	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5505 N. 4th		11 17 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.40952
-	70301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	2750.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
TOTAL This Period (last page this line nu	mber only)	

	F	OR	LINE	NU	MBER	:	PAGE	_ ′	19	OF	562
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			13		14		15		16		17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Alleyn, Michael, , ,  Mailing Address 5505 N. 4th	itial) or Full Organization Name	Date of Receipt
City mcallen	State Zip Code TX 78501	12 15 2017  Transaction ID : SA11AI.40953  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	250.00 Memo Item
self-employed  Receipt For:  Primary General  Other (specify)   Other (specify)	private investor  Aggregate Year-to-Date ▼  3000.00	contribution
Full Name of Individual (Last, First, Middle In Alleyn, Robert, , Dr.,  Mailing Address 8330 North Shary Road	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission  FEC ID number of contributing federal political committee.	State Zip Code 78572	Transaction ID : SA11AI.39641  Amount of Each Receipt this Period  400.00
Name of Employer (for Individual) self-employee  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2800.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Alleyn, Robert, , Dr.,  Mailing Address 8330 North Shary Road  City mission  FEC ID number of contributing federal political committee.	State Zip Code TX Zip S72	Date of Receipt    M
Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3200.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line number	only)	

F	OR	LINE	NU	MBER	:	PAGE	2	20	OF	,	562
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Alleyn, Robert, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 8330 North Shary Road			09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.39983
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	self-employee	physi	cian	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 3600.00	
— В.	Full Name of Individual (Last, First, Middle Initi Alleyn, Robert, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 8330 North Shary Road			10 19 2017
	City	State	Zip Code	Transaction ID : SA11AI.39984
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	Primary General Other (specify) ▼		4000.00	
	Full Name of Individual (Last, First, Middle Initi Alleyn, Robert, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
Ο.	Mailing Address 8330 North Shary Road			11 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.40954
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	self-employee	physic	cian	contribution
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Primary General Other (specify)	33 13	4400.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	1200.00
1 T	<b>OTAL</b> This Period (last page this line number of	nıy)		

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12

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	and Statements may not be sold or used by any persong the name and address of any political committee to							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name of Individual (Last, First, Midd Alleyn, Robert, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 8330 North Shary Road		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.40955  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00							
Full Name of Individual (Last, First, Mido Almedia, Hillary, , Dr.,  Mailing Address 900 E. Vermont	dle Initial) or Full Organization Name	Date of Receipt  07 20 2017						
City McAllen								
FEC ID number of contributing federal political committee.	С	75.00						
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00							
Full Name of Individual (Last, First, Mido C. Almedia, Hillary, , Dr.,	dle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 900 E. Vermont		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.39986  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	75.00						
Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution						
Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00							
SUBTOTAL of Receipts This Page (option	al)	550.00						
TOTAL This Period (last page this line num	mber only)							

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may re name and addr	not be sold or used by any persess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Almedia, Hillary, , Dr.,  Mailing Address 900 E. Vermont	nitial) or Full Orga	unization Name	Date of Receipt
City	01-1-	7in Code	09 15 2017
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39987
		1 . 550-7	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Self employed	physicia	an	contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		675.00	
Full Name of Individual (Last, First, Middle In Almedia, Hillary, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 900 E. Vermont	Te:	Ta. 6	10 19 2017
City	State	Zip Code	Transaction ID : SA11AI.39988
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Self employed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General	Aggregate Yea		
Other (specify) ▼		750.00	
Full Name of Individual (Last, First, Middle In Almedia, Hillary, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 900 E. Vermont			11 17 2017
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40956  Amount of Each Receipt this Period
FEC ID number of contributing	1.1.1.1		
federal political committee.	C		75.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
Self employed Receipt For:	physicia		contribution
Receipt For:  Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)		825.00	
SUBTOTAL of Receipts This Page (optional)			225.00
TOTAL This Period (last page this line number	· only)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Almedia, Hillary, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 900 E. Vermont			12 15 2017
City	1	Zip Code	Transaction ID : SA11AI.40957
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item
Self employed	physiciar	ı	contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼		900.00	
Full Name of Individual (Last, First, Middle Amyx, Michael, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 2108 Mynah			07 20 2017
City		Zip Code	Transaction ID : SA11AI.39643
mcallen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) self-employed	Occupati private in	on (for Individual)	Memo Item contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼		1750.00	
Full Name of Individual (Last, First, Middle C. Amyx, Michael, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 2108 Mynah			08 17 2017
City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.39989  Amount of Each Receipt this Period
			Amount of Lacii neceipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) self-employed	Occupation of the private in	on (for Individual)	Memo Item contribution
Receipt For:	Aggregate Year		_
Primary General	Aggregate real		
Other (specify)	4	2000.00	
SUBTOTAL of Receipts This Page (optional).		······································	575.00
TOTAL This Period (last page this line number	er only)		

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		13		14		15		16			17

	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Amyx, Michael, , ,  Mailing Address 2108 Mynah	Initial) or Full Organization Name	Date of Receipt
Maining Address 2100 Myrian		09 15 2017
City	State Zip Code	Transaction ID : SA11AI.39990
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	-
Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middle 3. Amyx, Michael, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2108 Mynah		10 19 2017
City	State Zip Code	Transaction ID : SA11Al.39991
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name of Individual (Last, First, Middle C. Amyx, Michael, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2108 Mynah		11 17 2017
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.40958
-	1 1 1 1 1 1 1 1 1 1	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		1
Other (specify)	2750.00	
SUBTOTAL of Receipts This Page (optional)	)	750.00
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562

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Amyx, Michael, , , Date of Receipt Mailing Address 2108 Mynah 15 2017 City Zip Code State Transaction ID: SA11AI.40959 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Apolinario, Jumar, B., Dr., Date of Receipt Mailing Address 2805 Santa Erica 07 2017 City State Zip Code Transaction ID: SA11AI.39644 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physicain Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Apolinario, Jumar, B., Dr., Date of Receipt Mailing Address 2805 Santa Erica 17 2017 City State Zip Code Transaction ID: SA11AI.39992 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physicain Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC										
Α.	Full Name of Individual (Last, First, Middle Initiappolinario, Jumar, B., Dr.,  Mailing Address 2805 Santa Erica	ial) or Full Org	anization Name	Date of Receipt								
	City Mission	State	Zip Code 78572	09 15 2017  Transaction ID : SA11AI.39993								
	FEC ID number of contributing federal political committee.	C	70372	Amount of Each Receipt this Period								
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify) ▼	Memo Item contribution										
В.	Full Name of Individual (Last, First, Middle Initi Apolinario, Jumar, B., Dr., Mailing Address 2805 Santa Erica	ial) or Full Orga	anization Name	Date of Receipt								
	City Mission  FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.39994  Amount of Each Receipt this Period  100.00										
	Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Memo Item contribution										
<u> </u>	Full Name of Individual (Last, First, Middle Initi Apolinario, Jumar, B., Dr.,  Mailing Address 2805 Santa Erica	ial) or Full Org	anization Name	Date of Receipt  11 17 2017								
	City Mission  FEC ID number of contributing federal political committee.	State TX	Zip Code 78572	Transaction ID : SA11AI.40960  Amount of Each Receipt this Period  100.00								
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occup physica Aggregate Ye		Memo Item contribution								
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	300.00								

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	Statements may not be sold or used by any per- ne name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Apolinario, Jumar, B., Dr.,  Mailing Address 2805 Santa Erica  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78572  C Occupation (for Individual) physicain  Aggregate Year-to-Date ▼	Date of Receipt  12 15 2017  Transaction ID : SA11AI.40961  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr.,  Mailing Address 112 E. Xenops  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39645  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr.,  Mailing Address 112 E. Xenops  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  08 17 2017  Transaction ID: SA11AI.39995  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr.,  Mailing Address 112 E. Xenops	nitial) or Full Organiza	tion Name	Date of Receipt
maining / 10010000 112 L. Actiops			09 15 2017
City		Code	Transaction ID : SA11AI.39996
Mcallen	TX 7	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occupation	(for Individual)	Memo Item
selfemployed	physician		contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr.,	nitial) or Full Organiza	tion Name	Date of Receipt
Mailing Address 112 E. Xenops			10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	.	Code	Transaction ID : SA11AI.39997
Mcallen	TX 7	8504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) selfemployed	Occupation physician	(for Individual)	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In Aquino, Edwardo, , Dr.,	nitial) or Full Organiza	tion Name	Date of Receipt
Mailing Address 112 E. Xenops			11 17 2017
City Mcallen		Code 8504	Transaction ID : SA11AI.40962
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	C		50.00
Name of Employer (for Individual)		(for Individual)	Memo Item
selfemployed Receipt For:	physician	D-4- \	Contribution
Primary General	Aggregate Year-to	-Date ▼	
Other (specify)		550.00	
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line number	r only)		

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29 OF 562 for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Aquino, Edwardo, , Dr., Date of Receipt Mailing Address 112 E. Xenops 15 2017 City Zip Code State Transaction ID: SA11AI.40963 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Arce, Daisy, , , Date of Receipt Mailing Address 129 Bluebird 07 2017 City State Zip Code Transaction ID: SA11AI.39647 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Arce, Daisy, , , Date of Receipt Mailing Address 129 Bluebird 17 2017 City State Zip Code Transaction ID: SA11AI.39998 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Arce, Daisy, , ,  Mailing Address 129 Bluebird  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   450.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Arce, Daisy, , ,  Mailing Address 129 Bluebird  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)	nitial) or Full Organization Name    State	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40000  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Arce, Daisy, , ,  Mailing Address 129 Bluebird  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40964  Amount of Each Receipt this Period  50.00  Memo Item contribution
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Arce, Daisy, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 129 Bluebird		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.40965
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to Bate 1	
Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Middle Argenal, Rodrigo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7512 N. Cynthia Street		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.40966
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Argenal, Rodrigo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7512 N. Cynthia Street		12 15 2017
City	State Zip Code	Transaction ID : SA11AI.40967
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogate real to Date v	
Other (specify)	240.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Arias-Viaud, Julio, , Dr.,  Mailing Address 2600 Santa Paula	Date of Receipt		
011		T-7: 0 :	07 20 2017
City Mission	State	Zip Code 78572	Transaction ID : SA11AI.39649
	1//	10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	private	e investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Arias-Viaud, Julio, , Dr.,			Date of Receipt
Mailing Address 2600 Santa Paula	08 17 2017		
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40004  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00	
Full Name of Individual (Last, First, Middle In Arias-Viaud, Julio, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2600 Santa Paula	09 / 15 / 2017		
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40005
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed		ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye		
SUBTOTAL of Receipts This Page (optional)			300.00
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 10 19 2017 City Zip Code State Transaction ID: SA11AI.40006 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 17 2017 11 City State Zip Code Transaction ID: SA11AI.40968 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 15 2017 City State Zip Code Transaction ID: SA11AI.40969 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Arrazola, Pedro, , Dr.,  Mailing Address 5114 N. 10th Street  City McAllen	State Zip Code TX 78504	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39650  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Memo Item contribution
Full Name of Individual (Last, First, Middle I Arrazola, Pedro, , Dr.,  Mailing Address 5114 N. 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  08 17 2017  Transaction ID: SA11Al.40007  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Arrazola, Pedro, , Dr.,  Mailing Address 5114 N. 10th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  900.00	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40008  Amount of Each Receipt this Period  100.00  Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr.,	Date of Receipt					
Mailing Address 5114 N. 10th Street			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City		Zip Code	Transaction ID : SA11AI.40009			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item			
selfemployed	private in	nvestor	contribution			
Receipt For:	Aggregate Year	r-to-Date ▼				
Primary General  Other (specify) ▼		1000.00				
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt			
Mailing Address 5114 N. 10th Street			11 17 2017			
City	State	Zip Code	Transaction ID : SA11AI.40970			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual) selfemployed	Occupati private in	ion (for Individual)	Memo Item contribution			
Receipt For:	Aggregate Year	r-to-Date ▼				
Primary General Other (specify) ▼		1100.00				
Full Name of Individual (Last, First, Middle Arrazola, Pedro, , Dr.,	Initial) or Full Organ	ization Name	Date of Receipt			
Mailing Address 5114 N. 10th Street			12 15 2017			
City	State	Zip Code	Transaction ID : SA11AI.40971			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual) selfemployed	loyed private investor		Memo Item			
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Primary General Other (specify)	Aggregate real	1200.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Asase, Danilo, , Dr.,						
Mailing Address 5216 Kensington Lane			07 20 2017			
City		ip Code	Transaction ID : SA11AI.39651			
Brownsville	TX	78526	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		100.00			
Name of Employer (for Individual)	Occupation	(for Individual)	Memo Item			
selfemployed	physician		contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 700.00				
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,	Initial) or Full Organiza	ation Name	Date of Receipt			
Mailing Address 5216 Kensington Lane			08 17 2017			
City		ip Code	Transaction ID : SA11AI.40010			
Brownsville	TX	78526	Amount of Each Receipt this Period  100.00			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual) selfemployed	Occupation physician	n (for Individual)	Memo Item contribution			
Receipt For:	Aggregate Year-to	o-Date ▼				
Primary General Other (specify) ▼		800.00				
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,	Initial) or Full Organiza	ation Name	Date of Receipt			
Mailing Address 5216 Kensington Lane			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Brownsville		ip Code 78526	Transaction ID : SA11AI.40011  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual) selfemployed	Occupation	Memo Item				
Receipt For:	physician  Aggregate Year-to-Date ▼					
Primary General Other (specify)	Aggregate rear-to	900.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,  Mailing Address 5216 Kensington Lane	e Initial) or Full Organization Name	Date of Receipt			
	Otata 7th Out	10 19 2017			
City Brownsville	State Zip Code TX 78526	Transaction ID : SA11AI.40012  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For:  Primary General  Other (specify) ▼					
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,  Mailing Address 5216 Kensington Lane	Date of Receipt				
011	11 17 2017				
City Brownsville	State Zip Code TX 78526	Transaction ID : SA11AI.40972			
FEC ID number of contributing federal political committee.	C 76326	Amount of Each Receipt this Period			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1100.00				
Full Name of Individual (Last, First, Middle Asase, Danilo, , Dr.,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 5216 Kensington Lane		12 15 2017			
City	State Zip Code TX 78526	Transaction ID : SA11AI.40973			
Brownsville	TX 78526	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:					
Primary General Other (specify)	1200.00				
SUBTOTAL of Receipts This Page (optional	)	300.00			
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Other (specify)

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

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38 OF

562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 20 2017 City Zip Code State Transaction ID: SA11AI.39652 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 80 17 2017 City State Zip Code Transaction ID: SA11AI.40013 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 15 2017 City State Zip Code Transaction ID: SA11AI.40014 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General

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39 OF 562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 10 19 2017 City Zip Code State Transaction ID: SA11AI.40015 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 17 2017 11 City State Zip Code Transaction ID: SA11AI.40974 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 825.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Assistores, Marilyn, , Dr., Date of Receipt Mailing Address 2222 La Condesa Drive 15 2017 City State Zip Code Transaction ID: SA11AI.40975 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 225.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Aude, Wady Aude, , Dr.,  Mailing Address 1001 E. Fern #E  City McAllen  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code TX 78502	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼  Name of Employer (for Individual)  Selfemployed  Receipt For:  General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date   225.00	Memo Item contribution
Full Name of Individual (Last, First, Middle  Aude, Wady Aude, , Dr.,  Mailing Address 1001 E. Fern #E  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78502  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40018  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Aude, Wady Aude, , Dr.,  Mailing Address 1001 E. Fern #E  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78502  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40976  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not the name and addre	ot be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle Aude, Wady Aude, , Dr.,  Mailing Address 1001 E. Fern #E	Initial) or Full Orgar	nization Name	Date of Receipt				
City	State	Zip Code	12 15 2017				
McAllen	TX	78502	Transaction ID : SA11AI.40977  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) selfemployed	Occupat private i	ion (for Individual) nvestor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle  Avila, Felipe, , Dr.,  Mailing Address 104 W. 20th Street	Initial) or Full Orgar	nization Name	Date of Receipt				
City Weslaco	State TX	Zip Code 78596	7 20 2017 Transaction ID : SA11AI.39654 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		400.00				
Name of Employer (for Individual) self-employed	Occupat doctor	ion (for Individual)	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 2800.00					
Full Name of Individual (Last, First, Middle Avila, Felipe, , Dr.,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 104 W. 20th Street			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.40019				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed	Occupat doctor	ion (for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 3200.00					
SUBTOTAL of Receipts This Page (optional).		·····	825.00				
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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Avila, Felipe, , Dr.,  Mailing Address 104 W. 20th Street  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78596  C  Occupation (for Individual) doctor  Aggregate Year-to-Date  3600.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40020  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Avila, Felipe, , Dr.,  Mailing Address 104 W. 20th Street  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)   Other	State Zip Code 78596  C  Occupation (for Individual) doctor  Aggregate Year-to-Date  4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40021  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Avila, Felipe, , Dr.,  Mailing Address 104 W. 20th Street  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78596  C  Occupation (for Individual) doctor  Aggregate Year-to-Date   4400.00	Date of Receipt  11 17 2017  Transaction ID : SA11AI.40978  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Avila, Felipe, , Dr., Date of Receipt Mailing Address 104 W. 20th Street 15 2017 City Zip Code State Transaction ID: SA11AI.40979 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed doctor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Aviles, Wilfredo, , Dr., Date of Receipt Mailing Address 2600 Wildwood 07 2017 City State Zip Code Transaction ID: SA11AI.39655 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Aviles, Wilfredo, , Dr., Date of Receipt Mailing Address 2600 Wildwood 17 2017 City State Zip Code Transaction ID: SA11AI.40022 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by an the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2600 Wildwood		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.40023
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle Aviles, Wilfredo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2600 Wildwood		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40024
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle C. Aviles, Wilfredo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2600 Wildwood		11 17 2017
City Weslaco	State Zip Code 78596	Transaction ID : SA11AI.40980
-	10030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	550.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I A. Aviles, Wilfredo, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2600 Wildwood		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.40981
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	30 0	
Other (specify) ▼	600.00	
Full Name of Individual (Last, First, Middle I Ayers, Roberto, A,, Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1900 S. Jackson #7		07 20 2017
City	State Zip Code	Transaction ID : SA11AI.39656
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1900 S. Jackson #7		08 17 2017
City	State Zip Code	Transaction ID : SA11AI.40025
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:		$\dashv$
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	800.00	
SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	_ 4	16	OF	562		
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or for commercial purposes, other than using the		to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL I	PAC			
Full Name of Individual (Last, First, Middle Ini A. Ayers, Roberto, A,, Dr.,	itial) or Full Organization Name	Date of Receipt		
Mailing Address 1900 S. Jackson #7		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.40026		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
selfemployed				
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	900.00			
Full Name of Individual (Last, First, Middle Ini  Ayers, Roberto, A,, Dr.,	itial) or Full Organization Name	Date of Receipt		
Mailing Address 1900 S. Jackson #7		10 19 2017		
City	State Zip Code	Transaction ID : SA11AI.40027		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00			
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt		
Mailing Address 1900 S. Jackson #7		11 17 2017		
City	State Zip Code	Transaction ID : SA11AI.40982		
McAllen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For:	7			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00			
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u>-</u>	300.00		

FOR LINE NUMBER:					PAGE	-	17	OF	:	562	
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	nd Statements may not be sold or used by any post the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Ayers, Roberto, A,, Dr.,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1900 S. Jackson #7		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40983				
McAllen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual) physician	Memo Item				
selfemployed Receipt For:	Aggregate Year-to-Date ▼	Contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	]				
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1503 S. Airport suite 6	suite 6					
City	State Zip Code	Transaction ID : SA11AI.39657				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2800.00	]				
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1503 S. Airport suite 6		08 17 2017				
City	State Zip Code TX 78596	Transaction ID : SA11AI.40028				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:						
Primary General Other (specify)	Aggregate Year-to-Date ▼  3200.00					
SUBTOTAL of Receipts This Page (optional	1)	900.00				
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER:					PAGE	-	18	OF	:	562	
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	Statements may not be sold or used by any per the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,  Mailing Address 1503 S. Airport  suite 6  City	Initial) or Full Organization Name  State Zip Code	Date of Receipt  M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D			
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 400.00			
Name of Employer (for Individual) self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Memo Item contribution				
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,  Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed	Initial) or Full Organization Name  State Zip Code TX 78596  C  Occupation (for Individual) physician	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40030  Amount of Each Receipt this Period  400.00  Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00				
Full Name of Individual (Last, First, Middle Badiga, Murphy, , ,  Mailing Address 1503 S. Airport suite 6  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:					PAGE		19	OF	 562	
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				son for the purpose of soliciting contributions of solicit contributions from such committee.
	OMMITTEE (In Full) R HEALTH FEDERAL P.	AC		
Badiga, Mı	f Individual (Last, First, Middle Initia urphy, , , ess 1503 S. Airport	al) or Full Org	ganization Name	Date of Receipt
	suite 6			12 15 2017
City		State	Zip Code	Transaction ID : SA11AI.40985
weslaco		TX	78596	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		400.00
Name of Em	ployer (for Individual)	Occup	oation (for Individual)	Memo Item
self-employed	d	physic	cian	contribution
Receipt For: Primary Other (	y General (specify) ▼	Aggregate Y	'ear-to-Date ▼ 4800.00	
Barrera, N	f Individual (Last, First, Middle Initia Marcos, , Mr., ess 3000 Yellowhammer	ganization Name	Date of Receipt	
	5550 FOIIOWHAITHING			07 20 2017
City		Transaction ID : SA11AI.39658		
mcallen		TX	78504	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		125.00
Name of Em	ployer (for Individual) d		pation (for Individual) te investor	Memo Item contribution
Receipt For: Primary Other (	y	Aggregate Y	/ear-to-Date ▼ 875.00	
	f Individual (Last, First, Middle Initia Marcos, , Mr.,	al) or Full Org	ganization Name	Date of Receipt
Mailing Addre	ess 3000 Yellowhammer			08 17 2017
City		State	Zip Code	Transaction ID : SA11AI.40031
mcallen		TX	78504	Amount of Each Receipt this Period
	ber of contributing cal committee.	С		125.00
self-employee	ployer (for Individual) d	1	pation (for Individual) e investor	Memo Item contribution
Receipt For:				
Other (	y General (specify)		1000.00	
SUBTOTAL of	Receipts This Page (optional)		<b>•</b>	650.00
TOTAL This Pe	eriod (last page this line number or	nly)		

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	Statements may not be sold or used by any per name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Barrera, Marcos, , Mr.,  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed Receipt For:	State Zip Code 78504  C  Occupation (for Individual) private investor	Date of Receipt  09 15 2017  Transaction ID : SA11Al.40032  Amount of Each Receipt this Period  125.00  Memo Item contribution			
Primary General Other (specify) ▼	Primary General Aggregate real-to-bate V				
Full Name of Individual (Last, First, Middle In Barrera, Marcos, , Mr.,  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40033  Amount of Each Receipt this Period			
Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  1250.00	Memo Item contribution			
Full Name of Individual (Last, First, Middle In Barrera, Marcos, , Mr.,  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)	State Zip Code TX Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  1375.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40986  Amount of Each Receipt this Period  125.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	375.00			
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	Statements may not be sold or used by any per the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle I Barrera, Marcos, , Mr.,  Mailing Address 3000 Yellowhammer  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code TX 78504  Occupation (for Individual)	Date of Receipt  12			
self-employed  Receipt For:  Primary General  Other (specify) ▼	contribution				
Full Name of Individual (Last, First, Middle I Barrera, Ricardo, , ,  Mailing Address 420 Frio  City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt  07 20 2017  Transaction ID : SA11Al.39659  Amount of Each Receipt this Period			
Name of Employer (for Individual) self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2800.00	Memo Item contribution			
Full Name of Individual (Last, First, Middle I Barrera, Ricardo, , , Mailing Address 420 Frio  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	nitial) or Full Organization Name    State	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40034  Amount of Each Receipt this Period  400.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	925.00			
TOTAL This Period (last page this line numbe	er only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Barrera, Ricardo, , ,  Mailing Address 420 Frio  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11Al.40035  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle II  Barrera, Ricardo, , ,  Mailing Address 420 Frio  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   78572	Date of Receipt  10 19 2017  Transaction ID: SA11AL40036  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle II Barrera, Ricardo, , ,  Mailing Address 420 Frio  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78572   C     Occupation (for Individual)   physician   Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40988  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numbe	r only)	

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				son for the purpose of soliciting contributions o solicit contributions from such committee.				
\	MMITTEE (In Full) HEALTH FEDERAL PA	AC						
A. Barrera, Rica		l) or Full Orga	nization Name	Date of Receipt				
Mailing Address	5 420 Frio			12 15 2017				
City		State	Zip Code	Transaction ID : SA11AI.40989				
mission		TX	78572	Amount of Each Receipt this Period				
FEC ID number federal political	r of contributing committee.	С		400.00				
Name of Emplo	oyer (for Individual)	Occupa	tion (for Individual)	Memo Item				
self-employed		physicia	an	contribution				
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate Yea	ar-to-Date ▼ 4800.00					
Behara, Se	ndividual (Last, First, Middle Initia brahmanyan, , Dr.,	l) or Full Orga	nization Name	Date of Receipt				
Mailing Address	S 121 Cardinal	12	la.	07 20 / 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.39661				
mcallen		11/	78504	Amount of Each Receipt this Period				
federal political	r of contributing committee.	C		400.00				
self-employed	oyer (for Individual)	Occupa physici	ition (for Individual) an	Memo Item contribution				
Receipt For:	Comerci	Aggregate Yea	ar-to-Date ▼					
Other (sp	☐ General	4	2800.00					
	ndividual (Last, First, Middle Initia ebrahmanyan, , Dr.,	l) or Full Orga	nization Name	Date of Receipt				
Mailing Address	5 121 Cardinal			08 17 2017				
City mcallen		State TX	Zip Code 78504	Transaction ID : SA11AI.40040  Amount of Each Receipt this Period				
	r of contributing							
federal political	committee.	C		400.00				
Name of Emplo self-employed	oyer (for Individual)	Occupa physicia	tion (for Individual) an	Memo Item contribution				
Receipt For:		Aggregate Yea	ar-to-Date ▼					
Other (sp	General ecify)							
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Behara, Sebrahmanyan, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 121 Cardinal			09 15 / Y = Y = Y = Y		
City	State	Zip Code	Transaction ID : SA11AI.40041		
mcallen	TX	78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item		
self-employed	physici	an	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 3600.00			
Full Name of Individual (Last, First, Middle In Behara, Sebrahmanyan, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 121 Cardinal			10 19 2017		
City	State	Zip Code	Transaction ID : SA11AI.40042		
mcallen	TX	78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 4000.00			
Full Name of Individual (Last, First, Middle In Behara, Sebrahmanyan, , Dr.,	nitial) or Full Orga	anization Name	Data of Pagaint		
Mailing Address 121 Cardinal			Date of Receipt  11 17 2017		
City	State	Zip Code	Transaction ID : SA11AI.40992		
mcallen	TX	78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual)	l .	ation (for Individual)	Memo Item		
self-employed Receipt For:	physicia		contribution		
Primary General Other (specify)	Primary General Aggregate Teal-to-Date V				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1200.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name of Individual (Last, First, Middle Behara, Sebrahmanyan, , Dr.,	Initial) or Full Organi	zation Name	Date of Receipt		
Mailing Address 121 Cardinal			12 15 2017		
City	State TX	Zip Code	Transaction ID : SA11AI.40993		
mcallen	1/4	78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer (for Individual)		on (for Individual)	Memo Item		
self-employed Receipt For:	physiciar		contribution		
Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 4800.00			
Full Name of Individual (Last, First, Middle Bernini, Juan, , ,	Initial) or Full Organi	zation Name	Date of Receipt		
Mailing Address 2804 Santa Ana			07 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.39662  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer (for Individual) self-employed	Occupati physiciar	on (for Individual) n	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 1750.00			
Full Name of Individual (Last, First, Middle <b>Dernini</b> , Juan, , ,	Initial) or Full Organi	zation Name	Date of Receipt		
Mailing Address 2804 Santa Ana			08 17 2017		
City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.40043  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer (for Individual) self-employed	Occupation physician	on (for Individual)	Memo Item contribution		
Receipt For: Primary General Other (specify)	Primary General Aggregate real-to-bate V				
SUBTOTAL of Receipts This Page (optional).			900.00		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Bernini, Juan, , ,  Mailing Address 2804 Santa Ana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)  Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  15 2017  Transaction ID: SA11AI.40044  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Bernini, Juan, , ,  Mailing Address 2804 Santa Ana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date   2500.00	Date of Receipt  10 19 2017  Transaction ID : SA11Al.40045  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Bernini, Juan, , ,  Mailing Address 2804 Santa Ana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.40994  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bernini, Juan, , , Date of Receipt Mailing Address 2804 Santa Ana 15 2017 City Zip Code State Transaction ID: SA11AI.40995 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 07 2017 City State Zip Code Transaction ID: SA11AI.39663 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 17 2017 City State Zip Code Transaction ID: SA11AI.40046 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Bose, Sarojini, , ,  Mailing Address 7007 N 1st Lane  City mcallen	Initial) or Full Organization Name  State Zip Code  TX 78504	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Bose, Sarojini, , ,  Mailing Address 7007 N 1st Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40048  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Bose, Sarojini, , ,  Mailing Address 7007 N 1st Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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$\rangle$	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C					
١.	Full Name of Individual (Last, First, Middle Initial Bose, Sarojini, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 7007 N 1st Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	Zip Code	Transaction ID : SA11AI.40997				
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
	self-employed	physicia	,	contribution			
	Descint Form	Aggregate Yea					
	Primary General	Ayyreyale 1e	ai to Date +				
	Other (specify) ▼		3000.00				
3.	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 2005 Cimarron Court			07 20 2017			
	City						
	mission	TX	78572	Transaction ID : SA11AI.39664  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	y III					
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution			
		Aggregate Yea	ar-to-Date ▼				
	Primary General  Other (specify) ▼	4	2800.00				
 ).	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 2005 Cimarron Court			08 17 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.40049			
	mission	TX	78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer (for Individual) self-employed	Occupa	ition (for Individual)	Memo Item contribution			
	Pagaint For:	Aggregate Yea					
	Primary General	Ayyreyale fet	ai-io-⊿ai∈ ▼				
	Other (specify)		3200.00				
S	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1050.00			
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,  Mailing Address 2005 Cimarron Court	al) or Full Org	anization Name	Date of Receipt			
	City	09 15 2017  Transaction ID : SA11AI.40050					
	mission	TX	78572	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer (for Individual) self-employed	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,	al) or Full Org	anization Name	Date of Receipt			
	Mailing Address 2005 Cimarron Court	State	Zip Code	10 19 2017			
	City mission	Transaction ID : SA11AI.40051  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	400.00					
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) sian	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Bracamontes, Francisco, , ,	al) or Full Org	anization Name	Date of Receipt			
	Mailing Address 2005 Cimarron Court			11 17 2017			
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40998  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		400.00			
	Name of Employer (for Individual) self-employed	self-employed physician					
	Receipt For:  Primary General Other (specify)	Primary General Aggregate Teal-to-Date V					
H	SUBTOTAL of Receipts This Page (optional)		<u>^</u>	1200.00			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Bracamontes, Francisco, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2005 Cimarron Court		12 15 2017
City	State Zip Code	Transaction ID : SA11AI.40999
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual	I) Memo Item
self-employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	1800.00
Full Name of Individual (Last, First, Middle Ir Bracamontes, Yvonne, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2005 Cimarron Court		07 20 2017
City	State Zip Code	Transaction ID : SA11AI.39665
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individua physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	350.00
Full Name of Individual (Last, First, Middle Ir Bracamontes, Yvonne, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2005 Cimarron Court		08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code 78572	Transaction ID : SA11AI.40052  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed	Occupation (for Individual physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	400.00
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\	AME OF COMMITTEE (In Full) SORDER HEALTH FEDERAL PA	vC							
۱B	ull Name of Individual (Last, First, Middle Initial) Bracamontes, Yvonne, , Dr., ailing Address 2005 Cimarron Court	) or Full Orga	nization Name	Date of Receipt					
IVIC	alling Address 2005 Climarron Court			09 15 2017					
Ci		State	Zip Code	Transaction ID : SA11AI.40053					
M	lission	TX	78572	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	С		50.00					
Na	ame of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item					
	elfemployed	physicia	an	contribution					
Re	eceipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 450.00						
3. <u>B</u>	Ill Name of Individual (Last, First, Middle Initial)  Bracamontes, Yvonne, , Dr.,	) or Full Orga	nization Name	Date of Receipt					
_	ailing Address 2005 Cimarron Court	To		10 19 2017					
Cit	ty ission	State	Zip Code 78572	Transaction ID : SA11AI.40054					
_		17	16312	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	C	50.00						
se	ame of Employer (for Individual) Ifemployed	Occupa physici	tion (for Individual) an	Memo Item contribution					
Re		Aggregate Yea	ar-to-Date ▼						
	Primary General  Other (specify) ▼		500.00						
	III Name of Individual (Last, First, Middle Initial)	) or Full Orga	nization Name	Date of Receipt					
_	ailing Address 2005 Cimarron Court			11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Cit M	ty Iission	State TX	Zip Code 78572	Transaction ID : SA11AI.41000					
			10012	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	С		50.00					
	ame of Employer (for Individual) elfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution					
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	Primary General Other (specify)	1 4	550.00						
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	s and Statements may not be sold or used by any per sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mi Bracamontes, Yvonne, , Dr., Mailing Address 2005 Cimarron Court	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2005 Cimanon Court		12 15 2017
City	State Zip Code	Transaction ID : SA11AI.41001
Mission	TX 78572	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Mi  Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird	iddle Initial) or Full Organization Name	Date of Receipt
		07 20 2017
City	State Zip Code	Transaction ID : SA11AI.39666
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 105 Bluebird		08 17 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40055
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  400.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3200.00	
SUBTOTAL of Receipts This Page (option	onal)	850.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird  City  McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt    M
Receipt For:  Primary  Other (specify) ▼  Name of Employer (for Individual)  Self-employed  Receipt For:  General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code 78504  C Occupation (for Individual)	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40057  Amount of Each Receipt this Period  400.00  Memo Item
self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	physician  Aggregate Year-to-Date ▼  4000.00	contribution
Full Name of Individual (Last, First, Middle In Canales, Erasto, , Dr.,  Mailing Address 105 Bluebird  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41002  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Canales, Erasto, , Dr., Date of Receipt Mailing Address 105 Bluebird 15 2017 City Zip Code State Transaction ID: SA11AI.41003 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Canales, Ricardo, , Dr., Date of Receipt Mailing Address 408 Marigold 07 2017 City State Zip Code Transaction ID: SA11AI.39667 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed conribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Canales, Ricardo, , Dr., Date of Receipt Mailing Address 408 Marigold 17 2017 City Zip Code State Transaction ID: SA11AI.40058 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) conribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Canales, Ricardo, , Dr.,	nitial) or Full Orgai	nization Name	Date of Receipt
Mailing Address 408 Marigold			09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code	Transaction ID : SA11AI.40059
McAllen	1^	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00		
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
self-employed	physicia	an	conribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	1.7	450.00	
Full Name of Individual (Last, First, Middle Ir Canales, Ricardo, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 408 Marigold			10 19 2017
City	State	Zip Code	Transaction ID : SA11AI.40060
McAllen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual) an	Memo Item conribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name of Individual (Last, First, Middle Ir Canales, Ricardo, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 408 Marigold			11 17 2017
City	State	Zip Code	Transaction ID : SA11AI.41004
McAllen	TX	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item conribution
self-employed Receipt For:	physicia		
Primary General	Aggregate Yea	ม -เบ-บสเe ▼	1
Other (specify)		550.00	
SUBTOTAL of Receipts This Page (optional)			150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Canales, Ricardo, , Dr.,  Mailing Address 408 Marigold	itial) or Full Organization Name	Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.41005  Amount of Each Receipt this Period
federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	50.00  Memo Item
self-employed Receipt For:  Primary General Other (specify) ▼	physician  Aggregate Year-to-Date ▼  600.00	conribution
Full Name of Individual (Last, First, Middle In Canals, Desi, , ,  Mailing Address 1912 Trinity	itial) or Full Organization Name	Date of Receipt  09 15 2017
City  Mission  FEC ID number of contributing federal political committee.	State Zip Code 78574	Transaction ID : SA11AI.40062 Amount of Each Receipt this Period  25.00
Name of Employer (for Individual) Self employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  225.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Canals, Desi, , ,  Mailing Address 1912 Trinity  City	State Zip Code	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40063
Mission  FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual)  Self employed  Receipt For:  Primary General  Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  250.00	Memo Item contribution
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Canals, Desi, , , ,  Mailing Address 1912 Trinity  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)		Date of Receipt  11 17 2017  Transaction ID: SA11AI.41006  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Canals, Desi, , ,  Mailing Address 1912 Trinity  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date   300.00	Date of Receipt  12 15 2017  Transaction ID: SA11Al.41007  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Cantu, Alonzo, , ,  Mailing Address P.O.Box 2673  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78502  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  2800.00	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39669  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	·····	450.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not he name and address	t be sold or used by any pess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle I Cantu, Alonzo, , ,  Mailing Address P.O.Box 2673	Initial) or Full Organiz	zation Name	Date of Receipt				
	08 17 2017						
City		Zip Code	Transaction ID : SA11AI.40064				
mcallen	TX	78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual)	Occupatio	n (for Individual)	Memo Item				
self-employed	private inv	vestor	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 3200.00					
Full Name of Individual (Last, First, Middle I Cantu, Alonzo, , ,  Mailing Address P.O.Box 2673	Initial) or Full Organiz	zation Name	Date of Receipt				
Maining Addices P.U.BOX 26/3			09 15 2017				
City	State Z	Zip Code	Transaction ID : SA11AI.40065				
mcallen	TX	78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		400.00				
Name of Employer (for Individual) self-employed	Occupatio private inv	on (for Individual) vestor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	to-Date ▼ 3600.00					
Full Name of Individual (Last, First, Middle I Cantu, Alonzo, , ,	nitial) or Full Organiz	zation Name	Date of Receipt				
Mailing Address P.O.Box 2673		The Oak	10 19 2017				
City mcallen		Zip Code 78502	Transaction ID : SA11AI.40066				
	1//	10002	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		400.00				
Name of Employer (for Individual)		n (for Individual)	Memo Item				
self-employed	private inv	estor	contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-t	to-Date ▼ 4000.00					
SUBTOTAL of Receipts This Page (optional)			1200.00				
TOTAL This Period (last page this line numbe							

FOR LINE NUMBER: PAGE 70 OF 562 Use separate schedule(s) for each category of the Detailed Summary Page

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				on for the purpose of soliciting contributions o solicit contributions from such committee.
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Cantu,	e of Individual (Last, First, Middle Initial Alonzo, , , address P.O.Box 2673	) or Full Orga	nization Name	Date of Receipt
			11 17 2017	
City		State	Zip Code	Transaction ID : SA11AI.41008
mcallen		TX	78502	Amount of Each Receipt this Period
	number of contributing olitical committee.	С		400.00
Name of	Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-empl	oyed	private	investor	contribution
Receipt F		Aggregate Yea	ar-to-Date ▼	
	mary		4400.00	
3. Cantu,	e of Individual (Last, First, Middle Initial , Alonzo, , ,	) or Full Orga	nization Name	Date of Receipt
	ddress P.O.Box 2673			12 15 2017
City		State	Zip Code	Transaction ID : SA11AI.41009
mcallen		TX	78502	Amount of Each Receipt this Period
	number of contributing olitical committee.	С		400.00
Name of self-empl	Employer (for Individual) oyed		tion (for Individual) investor	Memo Item contribution
Receipt I		Aggregate Yea	ar-to-Date ▼	
	mary ☐ General ner (specify) ▼	4	4800.00	
	e of Individual (Last, First, Middle Initial I, David, , Mr.,	) or Full Orga	nization Name	Date of Receipt
Mailing A	ddress 2409 Kiwi			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen		State TX	Zip Code 78504	Transaction ID : SA11AI.39670
	number of contributing			Amount of Each Receipt this Period
	number of contributing olitical committee.	С		30.00
Name of self-empl	Employer (for Individual)	Occupa physicia	tion (for Individual)	Memo Item contribution
Receipt F	For:	Aggregate Yea		
	mary General ner (specify)	55. 154.0	210.00	
SUBTOTAL	L of Receipts This Page (optional)			830.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, David, , Mr., Date of Receipt Mailing Address 2409 Kiwi 17 2017 City Zip Code State Transaction ID: SA11AI.40067 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cantu, David, , Mr., Date of Receipt Mailing Address 2409 Kiwi 09 15 2017 City State Zip Code Transaction ID: SA11AI.40068 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cantu, David, Mr. Date of Receipt Mailing Address 2409 Kiwi 10 19 2017 City State Zip Code Transaction ID: SA11AI.40069 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 72 OF 562 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC						
Full Name of Individual (Last, First, Middle Ini Cantu, David, , Mr.,  Mailing Address 2409 Kiwi	itial) or Full Organization Name	Date of Receipt					
City McAllen	· ·						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00					
Name of Employer (for Individual) self-employed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  330.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle Ini  Cantu, David, , Mr.,  Mailing Address 2409 Kiwi	itial) or Full Organization Name	Date of Receipt					
City McAllen  FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11AI.41011 Amount of Each Receipt this Period  30.00					
Name of Employer (for Individual) self-employed  Receipt For:	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution					
Primary General Other (specify) ▼	360.00						
Full Name of Individual (Last, First, Middle Ini Cantu, Leonel, , Dr.,  Mailing Address 2102 Deborah  City	State Zip Code	Date of Receipt    M					
Edinburg  FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00					
Name of Employer (for Individual)  Self employed  Receipt For:  Primary General  Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  350.00	Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)		110.00					
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Leonel, , Dr., Date of Receipt Mailing Address 2102 Deborah 17 2017 City Zip Code State Transaction ID: SA11AI.40070 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cantu, Leonel, , Dr., Date of Receipt Mailing Address 2102 Deborah 09 15 2017 City State Zip Code Transaction ID: SA11AI.40071 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cantu, Leonel, , Dr., Date of Receipt Mailing Address 2102 Deborah 10 19 2017 City State Zip Code Transaction ID: SA11AI.40072 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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				on for the purpose of soliciting contributions o solicit contributions from such committee.
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. Cantu	me of Individual (Last, First, Middle Initial u, Leonel, , Dr.,	) or Full Orga	nization Name	Date of Receipt
iviailing	Address 2102 Deborah			11 17 2017
City		State	Zip Code	Transaction ID : SA11AI.41012
Edinbu	ırg	TX	78539	Amount of Each Receipt this Period
	number of contributing political committee.	С		50.00
Name	of Employer (for Individual)	tion (for Individual)	Memo Item	
Self em		physicia	an	contribution
	t For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 550.00	
3. Cant	me of Individual (Last, First, Middle Initial u, Leonel, , Dr., Address 2102 Deborah	) or Full Orga	nization Name	Date of Receipt
waming	Z 10Z Deporan			12 15 2017
City		Zip Code	Transaction ID : SA11AI.41013	
Edinbu	rg	TX	78539	Amount of Each Receipt this Period
	number of contributing political committee.	С		50.00
Self em		Occupa physicia	tion (for Individual) an	Memo Item contribution
	t For:  Primary	Aggregate Yea	ar-to-Date ▼ 600.00	
	me of Individual (Last, First, Middle Initial tu, Melissa, , Ms,	) or Full Orga	nization Name	Date of Receipt
	Address 1201 S. Gumwood			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pharr		State TX	Zip Code 78577	Transaction ID : SA11AI.39672  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		50.00
self-em	. ,	Occupa private i	tion (for Individual) investor	Memo Item contribution
	t For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 350.00	
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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Cantu, Melissa, , Ms,  Mailing Address 1201 S. Gumwood  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date   400.00	Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Cantu, Melissa, , Ms,  Mailing Address 1201 S. Gumwood  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78577  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40074  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Cantu, Melissa, , Ms,  Mailing Address 1201 S. Gumwood  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78577  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40075  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .							
١.	Full Name of Individual (Last, First, Middle Initial Cantu, Melissa, , Ms,	) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 1201 S. Gumwood			11 17 2017					
	City	State	Zip Code	Transaction ID : SA11AI.41014					
	Pharr	TX	78577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item					
	self-employee	private	investor	contribution					
	Descipt Form	Aggregate Yea	ar-to-Date ▼						
	Primary General	Aggregate ret	ar to Bate 1						
	Other (specify) ▼		550.00						
3.	Full Name of Individual (Last, First, Middle Initial Cantu, Melissa, , Ms,	) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 1201 S. Gumwood			M M / D D / Y Y Y Y					
				12 15 2017					
	City	State	Zip Code	Transaction ID : SA11AI.41015					
	Pharr	TX	78577	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employee		tion (for Individual) investor	Memo Item contribution					
		Aggregate Yea	ar-to-Date ▼						
	Primary General  Other (specify) ▼		600.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Caporusso, Joseph, , Dr.,	) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 217 E. Yellowhammer			07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39674					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item					
	self-employed	physicia	an	contribution					
	Receipt For:	Aggregate Yea	ar-to-Date ▼						
	Primary General	30 0							
	Other (specify)		700.00						
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Caporusso, Joseph, , Dr.,  Mailing Address 217 E. Yellowhammer  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  08
Full Name of Individual (Last, First, Middle I Caporusso, Joseph, , Dr.,  Mailing Address 217 E. Yellowhammer  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   900.00	Date of Receipt  M M / D D / 2017  Transaction ID: SA11AI.40080  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Caporusso, Joseph, , Dr.,  Mailing Address 217 E. Yellowhammer  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78504   C    Occupation (for Individual)   physician   Aggregate Year-to-Date   1000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40081  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Caporusso, Joseph, , Dr.,  Mailing Address 217 E. Yellowhammer  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify) ▼	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41018  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Caporusso, Joseph, , Dr.,  Mailing Address 217 E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1200.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle I Cardenas, Carlos, , ,  Mailing Address 1000 N. Taylor Road  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2800.00	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00
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\	ME OF COMMITTEE (In Full)  ORDER HEALTH FEDERAL PA	vC		
<b>1</b> . Ca	Name of Individual (Last, First, Middle Initial rdenas, Carlos, , ,	or Full Orga	nization Name	Date of Receipt
Maii	ing Address 1000 N. Taylor Road			08 17 2017
City		State	Zip Code	Transaction ID : SA11AI.40082
mca	allen	TX	78501	Amount of Each Receipt this Period
	D ID number of contributing ral political committee.	С		400.00
	ne of Employer (for Individual) employed	Occupa	tion (for Individual)	Memo Item
	-to-A Face	Aggregate Yea		
3. <u>C</u> a	Name of Individual (Last, First, Middle Initial Indenas, Carlos, , , ing Address 1000 N. Taylor Road	or Full Orga	nization Name	Date of Receipt
	·		Zip Code	09 15 2017
City		Transaction ID : SA11AI.40083		
mca		TX	78501	Amount of Each Receipt this Period
	D number of contributing ral political committee.	C		400.00
self-	ne of Employer (for Individual) employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Rec	eipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 3600.00	
	Name of Individual (Last, First, Middle Initial)	or Full Orga	nization Name	Date of Receipt
	ing Address 1000 N. Taylor Road			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mca	allen	State TX	Zip Code 78501	Transaction ID : SA11AI.40084  Amount of Each Receipt this Period
	ID number of contributing ral political committee.	С		400.00
	ne of Employer (for Individual) -employed	Occupa: physicia	tion (for Individual) an	Memo Item contribution
Rec	eipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 4000.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Cardenas, Carlos, , ,  Mailing Address 1000 N. Taylor Road  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4400.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41020  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Cardenas, Carlos, , ,  Mailing Address 1000 N. Taylor Road  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle I Carreras, Jose, , ,  Mailing Address 1016 E. Griffin Parkway  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2400.00	Date of Receipt  M 7 20 2017  Transaction ID : SA11AI.39676  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Carreras, Jose, , ,  Mailing Address 1016 E. Griffin Parkway	Initial) or Full Organ	nization Name	Date of Receipt			
		T	08 17 2017			
City	State	Zip Code	Transaction ID : SA11AI.40085			
mission	TX	78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00			
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item			
self-employed	physicia	an	contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General  Other (specify) ▼	Primary General					
Full Name of Individual (Last, First, Middle Carreras, Jose, , ,	Date of Receipt					
Mailing Address 1016 E. Griffin Parkway	0:-1:	Zin Code	09 15 2017			
City mission	State	Zip Code 78572	Transaction ID : SA11AI.40086			
	1/	10012	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00			
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General  Other (specify) ▼		3200.00				
Full Name of Individual (Last, First, Middle Carreras, Jose, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 1016 E. Griffin Parkway			10 19 2017			
City	State	Zip Code	Transaction ID : SA11AI.40087			
mission	TX	78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		400.00			
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item			
self-employed	contribution					
Receipt For:	· Aggregate rear-to-Date *					
Primary General Other (specify)	7	3600.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle I Carreras, Jose, , ,  Mailing Address 1016 E. Griffin Parkway  City	Initial) or Full Organization Name  State Zip Code	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41022	
mission	TX 78572	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00		
Full Name of Individual (Last, First, Middle I Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway	Date of Receipt		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.41023  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00		
Full Name of Individual (Last, First, Middle I Castaneda, Marissa, , ,	Initial) or Full Organization Name	Date of Receipt	
Mailing Address 5021  Elk Lane	Chate Zin Code	07 20 2017	
City Edinburg	State Zip Code 78539	Transaction ID : SA11AI.39677  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer (for Individual) self-employed	elf-employed private investor		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00		
SUBTOTAL of Receipts This Page (optional)		850.00	
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Castaneda, Marissa, , , Date of Receipt Mailing Address 5021 Elk Lane 17 2017 City Zip Code State Transaction ID: SA11AI.40088 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Castaneda, Marissa, , , Date of Receipt Mailing Address 5021 15 2017 Elk Lane City State Zip Code Transaction ID: SA11AI.40090 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Castaneda, Marissa, , , Date of Receipt Mailing Address 5021 10 19 2017 Elk Lane City State Zip Code Transaction ID: SA11AI.40091 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name of Individual (Last, First, Midd Castaneda, Marissa, , ,	fle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5021		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Elk Lane City	State Zip Code	Transaction ID : SA11AI.41024				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00					
Full Name of Individual (Last, First, Mido Castaneda, Marissa, , ,	fle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5021  Elk Lane  City	State Zip Code	12 15 2017				
Edinburg	TX 78539	Transaction ID : SA11AI.41025  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00					
Full Name of Individual (Last, First, Mido	fle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 223 Rio Grande Drive		07				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.39678				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (option	al)	350.00				
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , ,  Mailing Address 223 Rio Grande Drive	nitial) or Full Orgar	nization Name	Date of Receipt			
			08 17 2017			
City	State	Zip Code	Transaction ID : SA11AI.40092			
mission	TX	78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual)	Occupati	tion (for Individual)	Memo Item			
self-employed	physicia	<u>'n</u>	contribution			
Receipt For:	Aggregate Yea	r-to-Date ▼				
Primary General Other (specify) ▼	Primary General Aggregate Teal-to-Date V					
Full Name of Individual (Last, First, Middle II  Castrillon, Augusto, , ,	nization Name	Date of Receipt				
Mailing Address 223 Rio Grande Drive	09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID : SA11AI.40093			
mission	TX	78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 2250.00				
Full Name of Individual (Last, First, Middle I	 nitial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 223 Rio Grande Drive			10 19 2017			
City	State	Zip Code	Transaction ID : SA11AI.40094			
mission	TX	78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) self-employed	Occupati physiciai	ion (for Individual)	Memo Item contribution			
Receipt For:	1, 7					
Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 2500.00				
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Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , ,  Mailing Address 223 Rio Grande Drive  City mission	State Zip Code TX 78572	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   2750.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Castrillon, Augusto, , ,  Mailing Address 223 Rio Grande Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  3000.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41027  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Chineke, Chinwendu, , Ms,  Mailing Address 2012  Andrea  City  Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  220.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41028  Amount of Each Receipt this Period  20.00  Memo Item contribution
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١.	Full Name of Individual (Last, First, Middle Initial) Chineke, Chinwendu, , Ms,	or Full Organ	nization Name	Date of Receipt
	Mailing Address 2012		M = M / D = D / Y = Y = Y	
	Andrea	Zin Code	12 15 2017	
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.41029
		17	70009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
	self-employed	private i	investor	contribution
	Receipt For:	Aggregate Yea	ar-to-Date ▼	
	Primary General	00 0		
	Other (specify) ▼		240.00	
3.	Full Name of Individual (Last, First, Middle Initial) Cooper, Virah, , Dr.,	or Full Organ	nization Name	Date of Receipt
	Mailing Address 1801 South 5th Street suite 7			07 20 2017
	City	State	Zip Code	Transaction ID : SA11Al.39680
	McAllen	78503	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		100.00	
	Name of Employer (for Individual) self-employee	Occupati physicia	tion (for Individual) an	Memo Item contribution
		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name of Individual (Last, First, Middle Initial) Cooper, Virah, , Dr.,	or Full Organ	nization Name	Date of Receipt
•	Mailing Address 1801 South 5th Street suite 7			M = M / D = D / Y = Y = Y
		I -	I	08 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.40098
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
	self-employee	physicia	n	contribution
		Aggregate Yea	ar-to-Date ▼	
	Primary General	33 3 11		
	Other (specify)		800.00	
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Α.	Mailing Address 1801 South 5th Street suite 7	al) or Full Org		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.40099  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		100.00	
	Name of Employer (for Individual) self-employee Receipt For: Primary General	physic	ear-to-Date ▼	Memo Item contribution
 _	Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial Cooper, Virah, , Dr.,	al) or Full Org	900.00 anization Name	Date of Receipt
Б.	Mailing Address 1801 South 5th Street suite 7  City	State	Zip Code	10 19 2017
	McAllen	Transaction ID : SA11AI.40100  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee	Occup physic	oation (for Individual) cian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Cooper, Virah, , Dr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1801 South 5th Street suite 7			11 17 2017
	McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.41030  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1100.00	
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Cooper, Virah, , Dr.,  Mailing Address 1801 South 5th Street suite  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:		Date of Receipt  12 15 2017  Transaction ID: SA11AI.41031  Amount of Each Receipt this Period  100.00  Memo Item contribution
Primary General  Other (specify) ▼	1200.00	
Full Name of Individual (Last, First, Middle I Cooper-Dockery, Donna, , Dr.,  Mailing Address 2301 Solera Drive  City  mission  FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt  07 20 2017  Transaction ID: SA11Al.39681  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  875.00	Memo Item contribution
Full Name of Individual (Last, First, Middle I Cooper-Dockery, Donna, , Dr.,  Mailing Address 2301 Solera Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For: Primary General Other (specify)	nitial) or Full Organization Name    State	Date of Receipt  M M
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle In Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  Other (specify)   General  Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  15 2017  Transaction ID: SA11AI.40102  Amount of Each Receipt this Period  125.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Individual)  Cooper-Dockery, Donna, , Dr.,  Mailing Address 2301 Solera Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40103  Amount of Each Receipt this Period  125.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle I Cooper-Dockery, Donna, , Dr., Mailing Address 2301 Solera Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41032  Amount of Each Receipt this Period  125.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.00
TOTAL This Period (last page this line number	er only)	

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\	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C		
۱	Full Name of Individual (Last, First, Middle Initial Cooper-Dockery, Donna, , Dr.,	) or Full Orga	nization Name	Date of Receipt
Ν	Mailing Address 2301 Solera Drive		12 15 2017	
	Dity	State TX	Zip Code	Transaction ID : SA11AI.41033
_	mission	17	78572	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		125.00
Ī	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
_	self-employee	physicia	an	contribution
F		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼	1 1 2	1500.00	
	Full Name of Individual (Last, First, Middle Initial, Cortez, Oscar, , Dr.,	) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 4101 South Burns Drive			07 20 / 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.39683
_	McAllen	78503	Amount of Each Receipt this Period	
	FEC ID number of contributing ederal political committee.		100.00	
	Name of Employer (for Individual) Self employed	Occupa physici	tion (for Individual) an	Memo Item contribution
F		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Full Name of Individual (Last, First, Middle Initial Cortez, Oscar, , Dr.,	) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 4101 South Burns Drive			08 17 2017
	Dity	State TX	Zip Code	Transaction ID : SA11AI.40107
-	McAllen	17	78503	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		100.00
	Name of Employer (for Individual) Self employed	Occupa	tion (for Individual)	Memo Item contribution
	Possint For:	Aggregate Yea		
	Primary General Other (specify)	33.33.00	800.00	
SU	BTOTAL of Receipts This Page (optional)			325.00
то	TAL This Period (last page this line number onl	y)		, , , , , , , , , , , , , , , , , , , ,

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr.,  Mailing Address 4101 South Burns Drive  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  General  Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40108  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr.,  Mailing Address 4101 South Burns Drive  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary  Other (specify)   General	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40109  Amount of Each Receipt this Period  100.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle In Cortez, Oscar, , Dr.,  Mailing Address 4101 South Burns Drive  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78503	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	r only)	

federal political committee.

Other (specify)

self-employed

Primary

Receipt For:

Name of Employer (for Individual)

General

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

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cortez, Oscar, , Dr., Date of Receipt Mailing Address 4101 South Burns Drive 15 2017 City State Zip Code Transaction ID: SA11AI.41037 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cortinas, Diana, , , Date of Receipt Mailing Address 1400 Northgate Lane 07 2017 City State Zip Code Transaction ID: SA11AI.39684 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cortinas, Diana, , , Date of Receipt Mailing Address 1400 Northgate Lane 17 2017 City State Zip Code Transaction ID: SA11AI.40110 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00

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1600.00

Occupation (for Individual)

physician

Aggregate Year-to-Date ▼

Memo Item

contribution

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Cortinas, Diana, , ,  Mailing Address 1400 Northgate Lane  City mcallen	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1800.00	200.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Cortinas, Diana, , , Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40112  Amount of Each Receipt this Period  200.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Cortinas, Diana, , ,  Mailing Address 1400 Northgate Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41038  Amount of Each Receipt this Period  200.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Cortinas, Diana, , ,  Mailing Address 1400 Northgate Lane	nitial) or Full Orga	nization Name	Date of Receipt
			12 15 2017
City	State	Zip Code	Transaction ID : SA11AI.41039
mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employed	physicia	an	contribution
Receipt For:  Primary General  Other (specify) ▼			
Full Name of Individual (Last, First, Middle I Cortinas, Guillermo, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1224 Northgate Lane	70	07 20 7 2017	
City	State	Zip Code 78504	Transaction ID : SA11AI.39685
mcallen	1/	1 0004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1224 Northgate Lane			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State TX	Zip Code	Transaction ID : SA11AI.40113
mcallen	17	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item
self-employed Receipt For:	physicia		contribution
Primary General	Aggregate Yea		
Other (specify)		400.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00
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$\rangle$	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C							
١.	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , ,	) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 1224 Northgate Lane			09 15 2017					
	City	State	Zip Code	Transaction ID : SA11AI.40114					
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employed	Occupa	tion (for Individual)	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼								
3.	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , ,  Mailing Address 1224 Northgate Lane	) or Full Orga	nization Name	Date of Receipt					
			10 19 2017						
	City	State TX	Zip Code	Transaction ID : SA11AI.40115					
	mcallen	17	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer (for Individual) self-employed	Occupa physici	ition (for Individual) an	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00						
	Full Name of Individual (Last, First, Middle Initial Cortinas, Guillermo, , ,	) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 1224 Northgate Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.41040					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  50.00					
	Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 550.00						
s	UBTOTAL of Receipts This Page (optional)			150.00					
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	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Cortinas, Guillermo, , ,  Mailing Address 1224 Northgate Lane		Date of Receipt  12 15 2017				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41041				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00  Memo Item				
Name of Employer (for Individual)	Name of Employer (for Individual)  Self-employed  Occupation (for Individual)  physician					
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  600.00	contribution				
Full Name of Individual (Last, First, Middle Cortinas, Javier, , ,  Mailing Address 1400 Northgate	Initial) or Full Organization Name	Date of Receipt  07 20 2017				
City	State Zip Code	Transaction ID : SA11AI.39686				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00					
Full Name of Individual (Last, First, Middle Cortinas, Javier, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 Northgate		08 17 2017				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40116				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00				
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼  2000.00					
SUBTOTAL of Receipts This Page (optional)	·····	550.00				
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NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Midd Cortinas, Javier, , , Mailing Address 1400 Northgate	dle Initial) or Full Organization Name	Date of Receipt
amig visarese i 100 Norungato		09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40117
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item
Receipt For:  Primary General  Other (specify) ▼		
Full Name of Individual (Last, First, Middaland Cortinas, Javier, , ,  Mailing Address 1400 Northgate	dle Initial) or Full Organization Name	Date of Receipt
		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40118
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name of Individual (Last, First, Midd. Cortinas, Javier, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 Northgate		11 17 2017
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41042
FEC ID number of contributing federal political committee.	C 70304	Amount of Each Receipt this Period  250.00
rederai politicai committee.		
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2750.00	
SUBTOTAL of Receipts This Page (option	al)	750.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

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Full Name of Individual (Last, First, Middle Cortinas, Javier, , ,						
Mailing Address 1400 Northgate		,	12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID : SA11AI.41043			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
self-employed	phys	ician	contribution			
Receipt For:	Aggregate \	Year-to-Date ▼				
Primary General	33 0 11					
Other (specify) ▼		3000.00				
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt			
Mailing Address 129 Bluebird			07 20 2017			
City	State	Zip Code	Transaction ID : SA11AI.39687			
Mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) selfemployed		ipation (for Individual) sician	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 350.00				
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt			
Mailing Address 129 Bluebird			08 17 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.40119			
Mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) selfemployed	Occu physi	pation (for Individual) ician	Memo Item contribution			
Receipt For:	Aggregate `	Year-to-Date ▼				
Primary General Other (specify)		400.00				
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Other (specify)

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

562

12 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Costa, Hildegardo, , Dr., Date of Receipt Mailing Address 129 Bluebird 15 2017 City State Zip Code Transaction ID: SA11AI.40120 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Costa, Hildegardo, , Dr., Date of Receipt Mailing Address 129 Bluebird 10 19 2017 City State Zip Code Transaction ID: SA11AI.40121 TX 78504 Mcallen Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General

		4	
Full Name of Individual (Last, First, Middle In Costa, Hildegardo, , Dr.,  Mailing Address 129 Bluebird	nitial) or Full Org	anization Name	Date of Receipt
City Mcallen	State TX	Zip Code 78504	11 17 2017  Transaction ID : SA11AI.41044  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 550.00	
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	Statements may not be sold or used by any perthe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Costa, Hildegardo, , Dr.,  Mailing Address 129 Bluebird  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician	Date of Receipt  12
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle Darling, James, , ,  Mailing Address 1225 E Peking  City mcallen  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code TX 78501	Date of Receipt  7 20 2017  Transaction ID: SA11Al.39688  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Name of Employer (for Individual)  Selfemployed  General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  1050.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Darling, James, , ,  Mailing Address 1225 E Peking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40122  Amount of Each Receipt this Period  150.00  Memo Item contribution
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PAGE 102 OF 562 12 11c 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 15 2017 City Zip Code State Transaction ID: SA11AI.40123 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 10 19 2017 City State Zip Code Transaction ID: SA11AI.40124 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Darling, James, , , Date of Receipt Mailing Address 1225 E Peking 17 2017 City State Zip Code Transaction ID: SA11AI.41046 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1650.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional).....

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				PAGE	1	03 OF	,	562		
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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .					
١.	Full Name of Individual (Last, First, Middle Initial Darling, James, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 1225 E Peking			12 15 2017			
	City	State	Zip Code	Transaction ID : SA11AI.41047			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	150.00					
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
	selfemployed	contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1800.00				
3.	Full Name of Individual (Last, First, Middle Initial Deanda, David, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 2408 Dorado	07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39689			
	mission	1	78574	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) self-employed		tion (for Individual) investor	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1750.00				
	Full Name of Individual (Last, First, Middle Initial Deanda, David, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 2408 Dorado			08 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.40125  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) self-employed	Occupa private i	tion (for Individual) investor	Memo Item contribution			
	Receipt For:  Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2000.00				
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	650.00			
T	OTAL This Period (last page this line number onl	ly)					

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	Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Deanda, David, , ,  Mailing Address 2408 Dorado	Initial) or Full Organization Name	Date of Receipt  09 15 2017
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.40126  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name of Individual (Last, First, Middle  3. Deanda, David, , ,  Mailing Address 2408 Dorado	Initial) or Full Organization Name	Date of Receipt
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.40127  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name of Individual (Last, First, Middle Deanda, David, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2408 Dorado		11 17 2017
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.41048  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼  2750.00	
SUBTOTAL of Receipts This Page (optional).	·····	750.00
TOTAL This Period (last page this line number	er only)	

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12 Detailed Summary Page 13 16 14 15

	d Statements may not be sold or used by any pers the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA				
Full Name of Individual (Last, First, Middle Deanda, David, , ,  Mailing Address 2408 Dorado	Initial) or Full Organization Name	Date of Receipt		
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.41049		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer (for Individual) self-employed Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  3000.00	Memo Item contribution		
Full Name of Individual (Last, First, Middle  De Hoyos, Randy, , Mr.,  Mailing Address 1705  Yellowstone St  City  Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	, ,	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41050  Amount of Each Receipt this Period  20.00  Memo Item contribution		
Full Name of Individual (Last, First, Middle De Hoyos, Randy, , Mr.,  Mailing Address 1705 Yellowstone St  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  12		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	290.00		
TOTAL This Period (last page this line numb	per only)			

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	s and Statements may not be sold or used by any per sing the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Full Name of Individual (Last, First, Mi Delgado, Luis, , , Jr.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Delgado, Luis, , , Jr.					
Mailing Address 5128 N. 10th		07 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code TX 78504	Transaction ID : SA11AI.39693				
Mcallen	TX 78504	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual)	Memo Item					
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	1400.00					
Full Name of Individual (Last, First, Mi Delgado, Luis, , , Jr.	iddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5128 N. 10th	08 17 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.40137				
Mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	200.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1600.00					
Full Name of Individual (Last, First, Mi	iddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5128 N. 10th		09 15 2017				
City	State Zip Code TX 78504	Transaction ID : SA11AI.40138				
Mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify)	1800.00					
SUBTOTAL of Receipts This Page (option	onal)	600.00				
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Delgado, Luis, , , Jr. Date of Receipt Mailing Address 5128 N. 10th 19 2017 City Zip Code State Transaction ID: SA11AI.40139 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Delgado, Luis, , , Jr. Date of Receipt Mailing Address 5128 N. 10th 17 2017 11 City State Zip Code Transaction ID: SA11AI.41056 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Delgado, Luis, , , Jr. Date of Receipt Mailing Address 5128 N. 10th 15 2017 City Zip Code State Transaction ID: SA11AI.41057 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle II  Desai, Parul, , Dr.,  Mailing Address 7004 North 1st	Date of Receipt							
	gg							
City	State	Zip Code	Transaction ID : SA11AI.39694					
McAllen	TX	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item					
selfemployed	physicia	an	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 700.00						
B. Desai, Parul, , Dr.,								
Mailing Address 7004 North 1st								
City	State	Zip Code	Transaction ID : SA11AI.40140					
McAllen	TX	78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual) an	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 800.00						
Full Name of Individual (Last, First, Middle II	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Desai, Parul, , Dr.,							
Mailing Address 7004 North 1st								
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40141					
-		10004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual)		tion (for Individual)	Memo Item					
selfemployed Receipt For:	physicia		contribution					
Primary General	Aggregate Yea		1					
Other (specify)		900.00						
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name of Individual (Last, First, Middle Indexed) Desai, Parul, , Dr.,  Mailing Address 7004 North 1st  City McAllen  FEC ID number of contributing federal political committee.	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40142  Amount of Each Receipt this Period			
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Memo Item contribution				
Full Name of Individual (Last, First, Middle In Desai, Parul, , Dr.,  Mailing Address 7004 North 1st  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41058  Amount of Each Receipt this Period  100.00  Memo Item contribution			
Primary General  Other (specify) ▼  Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name				
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)	State TX T8504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1200.00	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41059  Amount of Each Receipt this Period  100.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00			
TOTAL This Period (last page this line number	er only)	7 7 7			

FOR LINE NUMBER: PAGE 110 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Desai, Satish, D., Dr., Date of Receipt Mailing Address 7004 North 1st 20 2017 City Zip Code State Transaction ID: SA11AI.39695 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Desai, Satish, D., Dr., Date of Receipt Mailing Address 7004 North 1st 80 17 2017 City State Zip Code Transaction ID: SA11AI.40143 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Desai, Satish, D., Dr., Date of Receipt Mailing Address 7004 North 1st 15 2017 City State Zip Code Transaction ID: SA11AI.40144 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	orts and Statements may not be sold or used by any person using the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC				
Full Name of Individual (Last, First, Desai, Satish, D., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 7004 North 1st		10 19 2017			
City	State Zip Code	Transaction ID : SA11AI.40145			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	. 93. 03 to to to				
Other (specify) ▼	500.00				
Full Name of Individual (Last, First, B. Desai, Satish, D., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 7004 North 1st		M M / D D / Y Y Y Y			
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		11 17 2017			
City	State Zip Code	Transaction ID : SA11Al.41060			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing					
federal political committee.	C	50.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	55 0				
Other (specify) ▼	550.00				
Full Name of Individual (Last, First, Desai, Satish, D., Dr.,	Middle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 7004 North 1st		12 15 2017			
City	State Zip Code	Transaction ID : SA11AI.41061			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing		5000			
federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify)	600.00				
SUBTOTAL of Receipts This Page (o	optional)	150.00			
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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi Disque, Laura, , Ms,  Mailing Address 2020 Anacua Circle	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	07 20 2017  Transaction ID : SA11AI.39696					
	Edinburg FEC ID number of contributing	TX	78539	Amount of Each Receipt this Period					
	federal political committee.	C		50.00					
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00						
В.	Full Name of Individual (Last, First, Middle Initi Disque, Laura, , Ms,  Mailing Address 2020 Anacua Circle	al) or Full Orga	anization Name	Date of Receipt					
	City	08 17 2017							
	Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.40146  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employed		ation (for Individual) e investor	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Disque, Laura, , Ms,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 2020 Anacua Circle			09 15 2017					
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.40147  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 450.00						
H	SUBTOTAL of Receipts This Page (optional)			150.00					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2020 Anacua Circle		10 19 2017
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.40148  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Disque, Laura, , Ms,  Mailing Address 2020 Anacua Circle	Date of Receipt	
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.41062 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2020 Anacua Circle		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Edinburg	State Zip Code 78539	Transaction ID : SA11AI.41063  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	150.00
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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Disque, Ted, , Mr.,  Mailing Address 501 Iris	al) or Full Org	anization Name	Date of Receipt  11 17 2017						
	City	State	Zip Code	Transaction ID : SA11Al.41064						
	McAllen FEC ID number of contributing	С	78501	Amount of Each Receipt this Period						
	federal political committee.									
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Disque, Ted, , Mr., Mailing Address 501 Iris	al) or Full Org	anization Name	Date of Receipt						
	City	12 15 2017								
	McAllen	Transaction ID : SA11AI.41065  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	20.00								
	Name of Employer (for Individual) selfemployed	'	ation (for Individual) e investor	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Duran, Alberto, , ,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 1615 Palazzo			07 20 / Y Y Y Y Y Y						
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39698  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify)									
H	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u> </u>	440.00						

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	Statements may not be sold or used by any pe the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Duran, Alberto, , ,  Mailing Address 1615 Palazzo  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40152  Amount of Each Receipt this Period  400.00  Memo Item contribution				
Duran, Alberto, , ,  Mailing Address 1615 Palazzo  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Mailing Address 1615 Palazzo  City  State  TX  78572  CITY  FEC ID number of contributing ederal political committee.  Name of Employer (for Individual) elfemployed  Receipt For:  Primary  General  State  Zip Code  TX  78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle Duran, Alberto, , ,  Mailing Address 1615 Palazzo  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40154  Amount of Each Receipt this Period  400.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional).	·····	1200.00			
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	and Statements may not be sold or used by any per ng the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name of Individual (Last, First, Mid Duran, Alberto, , ,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1615 Palazzo		11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41066					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00						
Full Name of Individual (Last, First, Mid. 3. Duran, Alberto, , ,  Mailing Address 1615 Palazzo	dle Initial) or Full Organization Name	Date of Receipt					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.41067					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00						
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 136 W. Yucca		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.39699  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2800.00						
SUBTOTAL of Receipts This Page (option	nal)	1200.00					
TOTAL This Period (last page this line nu	imber only)						

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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Midd Esparza, Antonio, , ,  Mailing Address 136 W. Yucca	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 136 W. Yucca		08 17 2017
City	State Zip Code	Transaction ID : SA11AI.40155
mcallent	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3200.00	
Full Name of Individual (Last, First, Midd Esparza, Antonio, , ,  Mailing Address 136 W. Yucca	le Initial) or Full Organization Name	Date of Receipt
Cia.	Chake 7in Code	09 15 2017
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.40156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
Full Name of Individual (Last, First, Midd C. Esparza, Antonio, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 136 W. Yucca		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.40157
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4000.00	
SUBTOTAL of Receipts This Page (optional	al)	1200.00
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Esparza, Antonio, , ,  Mailing Address 136 W. Yucca	nitial) or Full Organization Name	Date of Receipt  11 17 2017				
City mcallent  FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11AI.41068  Amount of Each Receipt this Period  400.00				
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  4400.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle Ir Esparza, Antonio, , , Mailing Address 136 W. Yucca		Date of Receipt  12 15 2017				
City mcallent  FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11Al.41069  Amount of Each Receipt this Period  400.00				
Name of Employer (for Individual) selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  4800.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle In Estrellando, Johnny, , Dr.,  Mailing Address 2113 La Condesa Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For: Primary General Other (specify)	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  225.00	Transaction ID : SA11AI.40159  Amount of Each Receipt this Period  25.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)		825.00				
TOTAL This Period (last page this line number	<u>^</u>					

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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Estrellando, Johnny, , Dr.,  Mailing Address 2113 La Condesa Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify) ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40160  Amount of Each Receipt this Period  25.00  Memo Item contribution							
В.	Full Name of Individual (Last, First, Middle Initial Estrellando, Johnny, , Dr.,  Mailing Address 2113 La Condesa Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General Other (specify)	State TX  C  Occupa physic  Aggregate Ye	Zip Code 78539  ation (for Individual) ian ear-to-Date ▼  275.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41070  Amount of Each Receipt this Period  25.00  Memo Item contribution					
C.	Full Name of Individual (Last, First, Middle Initia Estrellando, Johnny, , Dr.,  Mailing Address 2113 La Condesa Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	State TX	Zip Code 78539 ation (for Individual)	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41071  Amount of Each Receipt this Period  25.00  Memo Item contribution					
H	SUBTOTAL of Receipts This Page (optional)			75.00					

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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Falcon, Antonio, , , Mailing Address 2768 Pharmacy Road	al) or Full Orga	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.39701						
	rio grande city	TX	78582	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item						
	self-employed	physic	ian	contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00							
В.	Full Name of Individual (Last, First, Middle Initial Falcon, Antonio, , ,	Date of Receipt								
	Mailing Address 2768 Pharmacy Road	08 17 2017								
	City	State	Zip Code	Transaction ID : SA11AI.40161						
	rio grande city	TX	78582	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	100.00								
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) iian	Memo Item contribution						
	Receipt For:  Primary  General	Aggregate Ye	ear-to-Date ▼							
	Other (specify) ▼	•	800.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Falcon, Antonio, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 2768 Pharmacy Road			09 15 Y Y Y Y Y						
	City rio grande city	State TX	Zip Code 78582	Transaction ID : SA11AI.40162						
		H	. 3002	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For:	1								
	Primary General									
	Other (specify)									
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number or			300.00						

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Any information copied from such Reports and	Statements may not be sold or used by any personal	son for the purpose of soliciting contributions				
or for commercial purposes, other than using the	ne name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle II Falcon, Antonio, , ,  Mailing Address 2768 Pharmacy Road	nitial) or Full Organization Name	Date of Receipt				
City	State 7in Code	10 19 2017				
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.40163  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle In <b>3.</b> Falcon, Antonio, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2768 Pharmacy Road						
City	State Zip Code	Transaction ID : SA11AI.41072				
rio grande city	TX 78582	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1100.00					
Full Name of Individual (Last, First, Middle In Falcon, Antonio, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2768 Pharmacy Road		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41073				
rio grande city	TX 78582	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify)	1200.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Falcon, Maria Elena, , ,  Mailing Address 2212 Westway	al) or Full Orga	anization Name	Date of Receipt  07 20 2017				
	City	State	Zip Code	Transaction ID : SA11AI.39702				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) self-employed	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1750.00					
В.	Full Name of Individual (Last, First, Middle Initia Falcon, Maria Elena, , , Mailing Address 2212 Westway	Date of Receipt						
		08 17 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40164				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	250.00						
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initia Falcon, Maria Elena, , ,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 2212 Westway			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40165  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution				
	Receipt For:  Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify)							
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			750.00				

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Falcon, Maria Elena, , , Date of Receipt Mailing Address 2212 Westway 19 2017 City Zip Code State Transaction ID: SA11AI.40166 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Falcon, Maria Elena, , , Date of Receipt Mailing Address 2212 Westway 17 2017 11 City State Zip Code Transaction ID: SA11AI.41074 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Falcon, Maria Elena, , , Date of Receipt Mailing Address 2212 Westway 15 2017 City Zip Code State Transaction ID: SA11AI.41075 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	\C		
۸.	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr.,  Mailing Address 110 E. Savannah #101  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	Date of Receipt  07		
3.	Primary General Other (specify) ▼	State TX  C  Occupa physicia  Aggregate Yea	Zip Code 78503  tion (for Individual) an ar-to-Date ▼  2000.00	Date of Receipt  08 17 2017  Transaction ID: SA11Al.40167  Amount of Each Receipt this Period  250.00  Memo Item contribution
).	Full Name of Individual (Last, First, Middle Initial Feigl, Alexander, , Dr.,  Mailing Address 110 E. Savannah #101  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State TX	Zip Code 78503	Date of Receipt  M M / D D / 2017  Transaction ID : SA11AI.40168  Amount of Each Receipt this Period  250.00  Memo Item contribution
SI	JBTOTAL of Receipts This Page (optional)		·····	750.00
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>	

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Feigl, Alexander, , Dr., Date of Receipt Mailing Address 110 E. Savannah #101 10 19 2017 City Zip Code State Transaction ID: SA11AI.40169 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Feigl, Alexander, , Dr., Date of Receipt Mailing Address 110 E. Savannah #101 17 2017 11 City State Zip Code Transaction ID: SA11AI.41076 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Feigl, Alexander, , Dr., Date of Receipt Mailing Address 110 E. Savannah #101 15 2017 City State Zip Code Transaction ID: SA11AI.41077 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Flores, Marco, , ,  Mailing Address 320 Primrose	itial) or Full Organization	n Name	Date of Receipt				
011			07 20 2017				
City mcallen	State Zip C	Į.	Transaction ID : SA11AI.39704				
	/85	U-T	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual)	Occupation (fo	r Individual)	Memo Item				
self-employed							
Receipt For:	Aggregate Year-to-Da	nte ▼					
Primary General Other (specify) ▼		1750.00					
Full Name of Individual (Last, First, Middle In Flores, Marco, , ,	itial) or Full Organization	n Name	Date of Receipt				
Mailing Address 320 Primrose	04-4-		08 17 7 2017				
City	State Zip C	-	Transaction ID : SA11AI.40170				
mcallen	TX   7850	J4	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) self-employed	Occupation (for physician	r Individual)	Memo Item contribution				
Receipt For:	Aggregate Year-to-Da	nte ▼					
Primary General Other (specify) ▼		2000.00					
Full Name of Individual (Last, First, Middle In Flores, Marco, , ,	itial) or Full Organization	ı Name	Date of Receipt				
Mailing Address 320 Primrose			09 15 2017				
City	State Zip C		Transaction ID : SA11AI.40171				
mcallen	TX 7850	)4	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer (for Individual)	Occupation (fo	r Individual)	Memo Item				
self-employed Receipt For:	physician		contribution				
Primary General	Aggregate Year-to-Da	ate <b>▼</b>					
Other (specify)		2250.00					
SUBTOTAL of Receipts This Page (optional)		·····	750.00				
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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 19 2017 City Zip Code State Transaction ID: SA11AI.40172 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 17 2017 11 City State Zip Code Transaction ID: SA11AI.41078 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flores, Marco, , , Date of Receipt Mailing Address 320 Primrose 15 2017 City State Zip Code Transaction ID: SA11AI.41079 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Flores, Melissa, P., Ms,  Mailing Address 4420 East Mile 17 1/2	Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	09 15 2017  Transaction ID : SA11AI.40177				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual)	Memo Item					
self-employee Receipt For:	private investor	contribution				
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle Flores, Melissa, P., Ms,  Mailing Address 4420 East Mile 17 1/2	Initial) or Full Organization Name	Date of Receipt				
		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40178				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second					
Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250,00					
Full Name of Individual (Last, First, Middle C. Flores, Melissa, P., Ms,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4420 East Mile 17 1/2		11 17 2017 _				
City	State Zip Code	Transaction ID : SA11AI.41082				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	275.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00				
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	and Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middl Flores, Melissa, P., Ms,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 4420 East Mile 17 1/2		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41083				
Edinburg	TX 78542	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middl Franklin, Raymond, , Mr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3212 Nightingale Court		07 20 Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.39707				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	350.00					
Full Name of Individual (Last, First, Middle). Franklin, Raymond, , Mr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3212 Nightingale Court		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.40179  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	_				
Primary General Other (specify)	400.00					
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SUBTOTAL of Receipts This Page (optional	al)	125.00				
TOTAL This Period (last page this line num	nber only)					

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Franklin, Raymond, , Mr.,  Mailing Address 3212 Nightingale Court  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  15 2017  Transaction ID: SA11AI.40180  Amount of Each Receipt this Period  50.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Franklin, Raymond, , Mr.,  Mailing Address 3212 Nightingale Court  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AL40181  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Franklin, Raymond, , Mr.,  Mailing Address 3212 Nightingale Court  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   550.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41084  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).		150.00
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	and Statements may not be sold or used by any peng the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Franklin, Raymond, , Mr.,	•						
Mailing Address 3212 Nightingale Court		12 15 / Y = Y = Y = Y					
City	State Zip Code	Transaction ID : SA11AI.41085					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	50.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	private investor	contribution					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼						
Other (specify) ▼	600.00						
Full Name of Individual (Last, First, Midd 3. Galindo, Eugenio, , ,	lle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 5936 N. Cynthia	07 20 2017						
City	State Zip Code	Transaction ID : SA11AI.39708					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	2800.00						
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 5936 N. Cynthia		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40182					
FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify)	3200.00						
SUBTOTAL of Receipts This Page (options	al)	850.00					
TOTAL This Period (last page this line nur	mber only)						

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

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					PAGE	1	32 OF	,	562	
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Galindo, Eugenio, , ,  Mailing Address 5936 N. Cynthia  City mcallen  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee.  Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle In Galindo, Eugenio, , , Mailing Address 5936 N. Cynthia  City Mailing Mailing Address 5936 N. Cynthia  City Macallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40184  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Galindo, Eugenio, , ,  Mailing Address 5936 N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41086  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and addi	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC							
Full Name of Individual (Last, First, Middle Galindo, Eugenio, , ,  Mailing Address 5936 N. Cynthia	Initial) or Full Orga	anization Name	Date of Receipt					
C'h.	Otct	7:n Code	12 15 2017					
City mcallen	State	Zip Code 78504	Transaction ID : SA11AI.41087					
FEC ID number of contributing federal political committee.	C	, , , , , , , , , , , , , , , , , , , ,	Amount of Each Receipt this Period 400.00					
Name of Employer (for Individual) self-employed	physici		Memo Item contribution					
Heceipt For:  Primary General  Other (specify) ▼								
Full Name of Individual (Last, First, Middle Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa	Date of Receipt  07 20 2017							
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39709  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2800.00						
Full Name of Individual (Last, First, Middle Garcia, Elvin, , ,	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 2800 Santa Teresa	Ctct-	7in Codo	08 17 2017					
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40185					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 400.00					
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) an	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 3200.00						
SUBTOTAL of Receipts This Page (optional).		·····	1200.00					
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	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Date of Receipt  15
Full Name of Individual (Last, First, Middle In Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)   General	State   Zip Code   78572   C    Occupation (for Individual)   physician    Aggregate Year-to-Date ▼   4000.00	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40187  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle III C. Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  4400.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41088  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle II) Garcia, Elvin, , ,  Mailing Address 2800 Santa Teresa	nitial) or Full Organ	nization Name	Date of Receipt
011		7' 0 1	12 15 2017
City mission	State	Zip Code 78572	Transaction ID : SA11AI.41089
		10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual)	Occupati	ion (for Individual)	Memo Item
self-employed	physicia	<u>n</u>	contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼	7	4800.00	
Full Name of Individual (Last, First, Middle II  Garcia, Hiram, , ,	Date of Receipt		
Mailing Address 2712 E Mile 5 Road		7:- 0-1	07
City	State	Zip Code	Transaction ID : SA11AI.39710
Mission	IX	78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) selfemployed	Occupati physicia	ion (for Individual) an	Memo Item contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General Other (specify) ▼		1750.00	
Full Name of Individual (Last, First, Middle In Garcia, Hiram, , ,	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 2712 E Mile 5 Road			08 17 2017
City	State	Zip Code	Transaction ID : SA11AI.40188
Mission	TX	78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	l .	ion (for Individual)	Memo Item contribution
selfemployed Receipt For:	physiciar		
Primary General	Aggregate Year	r-to-⊔ate ♥	,
Other (specify)		2000.00	
SUBTOTAL of Receipts This Page (optional)			900.00
TOTAL This Period (last page this line number	r only)		

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J. I	or commercial purposes, other than using the h	and add	Toos or any pontion committee to	Conor Contributions from Such Confidition.
\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
۱.	Full Name of Individual (Last, First, Middle Initial Garcia, Hiram, , , Mailing Address 2712 E Mile 5 Road	l) or Full Orga	anization Name	Date of Receipt
	City Mission	State TX	Zip Code 78574	09 15 2017  Transaction ID : SA11AI.40189  Amount of Each Posciet this Period
1	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 250.00
;	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupa physici Aggregate Ye		Memo Item contribution
	Other (specify)   Full Name of Individual (Last, First, Middle Initial	I) or Full Orga	2250.00	
3. I	Garcia, Hiram, , ,  Mailing Address 2712 E Mile 5 Road		Date of Receipt  10 19 2017	
	City Mission	State TX	Zip Code 78574	Transaction ID : SA11AI.40190  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
5	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution
ı	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 2500.00	
ک. ِ	Full Name of Individual (Last, First, Middle Initial Garcia, Hiram, , , Mailing Address 2712 E Mile 5 Road	l) or Full Orga	anization Name	Date of Receipt
	City Mission	State TX	Zip Code 78574	Transaction ID : SA11AI.41090  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
:	Name of Employer (for Individual) selfemployed Receipt For:	physicia		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2750.00	
SL	JBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	750.00
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						PAGE	1	37 OF	562	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC					
Α.	Full Name of Individual (Last, First, Middle Initia Garcia, Hiram, , , Mailing Address 2712 E Mile 5 Road	Date of Receipt					
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41091			
	Mission	TX	78574	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3000.00				
В.	Full Name of Individual (Last, First, Middle Initial Garcia, Nancy, , Ms,  Mailing Address 1409 Dora Jeanne Drive	Date of Receipt					
		11 17 2017					
	City Mission	Transaction ID : SA11AI.41092					
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  20.00					
	Name of Employer (for Individual) selfemployed		ation (for Individual)	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00				
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia Garcia, Nancy, , Ms,	al) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 1409 Dora Jeanne Drive			12 15 2017			
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41093  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		20.00			
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution			
	Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-to-Date V					
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			290.00			

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	and Statements may not be sold or used by any peg the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Garcia, Oscar, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Oscar, , Dr.,						
Mailing Address 1717 Palazzo		07 20 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y					
City	State Zip Code	Transaction ID : SA11AI.39712					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	2800.00						
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1717 Palazzo	M = M / D = D / Y = Y = Y						
City	State Zip Code	Transaction ID : SA11AI.40194					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3200.00						
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1717 Palazzo		09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40195					
Mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
		Memo Item					
Name of Employer (for Individual) self-employed	Occupation (for Individual)	contribution					
Receipt For:	physician						
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	3600.00						
SUBTOTAL of Receipts This Page (optional	, lk	1200.00					
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 19 2017 City Zip Code State Transaction ID: SA11AI.40196 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 17 2017 11 City State Zip Code Transaction ID: SA11AI.41094 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garcia, Oscar, , Dr., Date of Receipt Mailing Address 1717 Palazzo 15 2017 City State Zip Code Transaction ID: SA11AI.41095 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle I Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39714  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  800.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40201  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40202  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1100.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41098  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Garcia, Ricardo, , Dr.,  Mailing Address 6108 North 5th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1200.00	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
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FOR LINE NUMBER:					PAGE 142 OF				562	
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	Statements may not be sold or used by any perthe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Garcia, Samuel, , Dr.,  Mailing Address 137 E. Guardenia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39715  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Garcia, Samuel, , Dr.,  Mailing Address 137 E. Guardenia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Garcia, Samuel, , Dr.,  Mailing Address 137 E. Guardenia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  M 9 15 2017  Transaction ID : SA11AI.40204  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Garcia, Samuel, , Dr.,						
Mailing Address 137 E. Guardenia		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40205				
McAllen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	1000.00					
Full Name of Individual (Last, First, Middle Garcia, Samuel, , Dr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 137 E. Guardenia	11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41100				
McAllen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1100.00					
Full Name of Individual (Last, First, Middle). Garcia, Samuel, , Dr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 137 E. Guardenia		12 15 / Y = Y = Y = Y				
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.41101  Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	[C]	100.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1200.00					
SUBTOTAL of Receipts This Page (options	al)	300.00				
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may no he name and addre	ot be sold or used by any pess of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Garcia, Teresa Maria, , Ms,			Date of Receipt
Mailing Address 6001 N. 36th Street			09 15 / Y Y Y Y Y Y
City		Zip Code	Transaction ID : SA11AI.40207
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual)  Occupation (for Individual)			Memo Item
Self employed			
Receipt For:	Aggregate Year	_	
Primary General	Primary General		1
Other (specify) ▼	1 7	00.622	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  3. Garcia, Teresa Maria, , Ms,			Date of Receipt
Mailing Address 6001 N. 36th Street			10 19 2017
City	State	Zip Code	Transaction ID : SA11AI.40208
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation (for Individual) investor		25.00
Name of Employer (for Individual) Self employed			Memo Item contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General  Other (specify) ▼	4	250.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garcia, Teresa Maria, , Ms,			Date of Receipt
Mailing Address 6001 N. 36th Street			M = M / D = D / Y = Y = Y = Y 11 17 2017
City		Zip Code	Transaction ID : SA11AI.41102
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Self employed	Occupati investor	on (for Individual)	Memo Item contribution
Receipt For:	Aggregate Year	r-to-Date ▼	
Primary General	. agrogato Teal		1
Other (specify)		275.00	
SUBTOTAL of Receipts This Page (optional)		·····	75.00
TOTAL This Period (last page this line number	er only)		

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initia Garcia, Teresa Maria, , Ms, Mailing Address 6001 N. 36th Street	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41103					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual) Self employed	Occupa investo	ation (for Individual) or	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate real-to-bate V							
В.	Full Name of Individual (Last, First, Middle Initial Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240	Date of Receipt							
	City	07 20 2017							
	Mcallen	State	Zip Code 78504	Transaction ID : SA11AI.39717  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	10001	400.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2800,00						
<u> </u>	Full Name of Individual (Last, First, Middle Initia Garcia-Cantu, Carlos, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
•	Mailing Address 4121 N. 10th #240			08 17 2017					
	City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40209  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 3200.00						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			825.00					

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr.,  Mailing Address 4121 N. 10th #240  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AL40211  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr.,  Mailing Address 4121 N. 10th #240  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4400.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41104  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Garcia-Cantu, Carlos, , Dr.,  Mailing Address 4121 N. 10th #240  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle I Garza, Anna, , Ms,  Mailing Address 3212 S Boyce Circle  City  Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code 78557  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  225.00	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40216  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Garza, Anna, , Ms,  Mailing Address 3212 S Boyce Circle  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78557  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40217  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00
TOTAL This Period (last page this line number	er only)	

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\	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PA	vC		
4. <u>G</u> a	Name of Individual (Last, First, Middle Initial arza, Anna, , Ms, ling Address 3212 S Boyce Circle	or Full Orga	nization Name	Date of Receipt
	5			11 17 2017
City		State	Zip Code	Transaction ID : SA11AI.41108
Do	nna	TX	78557	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		25.00
Nar	me of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self	employed	private	investor	contribution
Red	ceipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 275.00	
	Name of Individual (Last, First, Middle Initial arza, Anna, , Ms,	or Full Orga	nization Name	Date of Receipt
Mai	ling Address 3212 S Boyce Circle	12 15 2017		
City		State	Zip Code	Transaction ID : SA11AI.41109
Doi	nna	TX	78557	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	С		25.00
	me of Employer (for Individual) employed		tion (for Individual) investor	Memo Item contribution
Rec	ceipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
_	Name of Individual (Last, First, Middle Initial arza, James, , Dr.,	or Full Orga	nization Name	Date of Receipt
	ling Address 2821 Lakeshore Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	, inburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39720
		170	70000	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		400.00
self	ne of Employer (for Individual) f-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Rec	ceipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2800.00	
SUBT	FOTAL of Receipts This Page (optional)			450.00
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FOR LINE NUMBER:					PAGE	1	49 OF		562	
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date  3200.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40218  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Date of Receipt  15 2017  Transaction ID: SA11Al.40219  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Garza, James, , Dr.,  Mailing Address 2821 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	only)	

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

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FOF	K LINE	LINE NUMBER: PAGE 150 OF 562							
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	orts and Statements may not be sold or used by any persusing the name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	ERAL PAC						
Garza, James, , Dr.,	Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2821 Lakeshore Driv	ve	11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41110					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00						
3. Garza, James, , Dr.,	Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2821 Lakeshore Driv	Mailing Address 2821 Lakeshore Drive						
City	State Zip Code	Transaction ID : SA11Al.41111					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00						
Full Name of Individual (Last, First, I	Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address P.O. Box 180		07 20 / Y Y Y Y Y Y					
City Linn	State Zip Code TX 78563	Transaction ID : SA11AI.39721  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00						
SUBTOTAL of Receipts This Page (op	otional)	850.00					
TOTAL This Period (last page this line	number only)						

FO	R LINE	PAGE	1	51 OF		562			
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NAME OF COMMITTEE (IN F BORDER HEALTH	,			
Full Name of Individual (Last, Garza, Martin, , Dr.,		Organization Name	Date of Re	eceipt
Mailing Address P.O. Box 180	08 /	17 2017		
City	State	Zip Code	Transact	ion ID : SA11AI.40221
Linn	TX	78563	Amount of	Each Receipt this Period
FEC ID number of contributin federal political committee.	C			50.00
Name of Employer (for Individ	·	ccupation (for Individual)		) Item
selfemployed		hysician	contribution	
Receipt For:  Primary Gener  Other (specify) ▼	ral Aggrega	0.00		
Full Name of Individual (Last, Garza, Martin, , Dr.,		Organization Name	Date of Re	eceipt
Mailing Address P.O. Box 180	)	09 /	15 2017	
City	State	Transact	on ID : SA11AI.40222	
Linn	TX	78563	Amount of	Each Receipt this Period
FEC ID number of contributin federal political committee.	C			50.00
Name of Employer (for Indivi- selfemployed	′	ccupation (for Individual) hysician	Memo contribution	o Item
Receipt For:		te Year-to-Date ▼		
Primary Gener Other (specify) ▼	ral	45	0.00	
Full Name of Individual (Last, Garza, Martin, , Dr.,	First, Middle Initial) or Full	Organization Name	Date of Re	eceipt
Mailing Address P.O. Box 18	0		10	19 / 2017
City Linn	State TX	Zip Code 78563		ion ID : SA11AI.40223 Each Receipt this Period
FEC ID number of contributing federal political committee.	g C		Amount of	50.00
Name of Employer (for Individual Selfemployed	′	ccupation (for Individual)	Memo	tem
Receipt For:		te Year-to-Date ▼		
Primary Gener Other (specify)	ral	50	0.00	
SUBTOTAL of Receipts This P	age (optional)			, 150.00
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	Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Garza, Martin, , Dr.,  Mailing Address P.O. Box 180  City Linn  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed	State Zip Code TX 78563  C ID number of contributing eral political committee.  The of Employer (for Individual) physician					
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary  General  Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Garza, Martin, , Dr.,  Mailing Address P.O. Box 180  City	Date of Receipt  12					
Linn  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	C Occupation (for Individual)	Amount of Each Receipt this Period  50.00  Memo Item				
Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  600.00	contribution				
Full Name of Individual (Last, First, Middle Garza, Rene, , ,  Mailing Address 5404 N. 1st street	Initial) or Full Organization Name	Date of Receipt  07 20 2017				
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  2800.00	Transaction ID : SA11AI.39722  Amount of Each Receipt this Period  400.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional).		500.00				
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:					PAGE	1	53 OF		562	
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		13		14		15		16		17

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Garza, Rene, , ,  Mailing Address 5404 N. 1st street	n Name	Date of Receipt					
200	08 17 2017  Transaction ID : SA11AI.40224						
City							
mcallen	TX 7850	U-1	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		400.00				
Name of Employer (for Individual)	Occupation (for	r Individual)	Memo Item				
selfemployed	private investor	<u>r</u>	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 3200.00					
Full Name of Individual (Last, First, Middle In Garza, Rene, , ,	litial) or Full Organization	ı Name	Date of Receipt				
Mailing Address 5404 N. 1st street		09 15 2017					
City	ode	Transaction ID : SA11Al.40225					
mcallen	TX 7850	J4	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů –						
Name of Employer (for Individual) selfemployed	Occupation (fo private investo	′	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 3600.00					
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization	ı Name	Date of Receipt				
Mailing Address 5404 N. 1st street			10 19 2017				
City	State Zip C	<u> </u>	Transaction ID : SA11AI.40226				
mcallen	TX 7850	)4	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		400.00				
Name of Employer (for Individual)	Occupation (for	· ·	Memo Item contribution				
selfemployed Receipt For:	Populat For:						
Primary General Other (specify)	Aggregate Year-to-Da	4000.00					
SUBTOTAL of Receipts This Page (optional)			1200.00				
TOTAL This Period (last page this line number	only)						

FO	PAGE	1	54 OF	;	562				
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	ts and Statements may not be sold or used by any per- using the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC					
Full Name of Individual (Last, First, M Garza, Rene, , ,  Mailing Address 5404 N. 1st street	liddle Initial) or Full Organization Name	Date of Receipt				
	11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41114				
mcallen	TX 78504	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	private investor	contribution				
Heceipt For:  Primary General  Other (specify) ▼						
Garza, Rene, , ,	liddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5404 N. 1st street	12 15 2017					
City	Transaction ID : SA11AI.41115					
mcallen	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00					
Full Name of Individual (Last, First, M C. Garza-Montalvo, Ayda, , Dr	liddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2311 Silvardo North		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Palmhurst	State Zip Code 78539	Transaction ID : SA11AI.39724  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	125.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) self-employee physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  875.00					
SUBTOTAL of Receipts This Page (opti	ional)	925.00				
TOTAL This Period (last page this line	number only)	1 1 40 1 1 40 1 1 40 1				

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North 17 2017 City Zip Code State Transaction ID: SA11AI.40230 TX **Palmhurst** 78539 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North 09 15 2017 City State Zip Code Transaction ID: SA11AI.40231 TX **Palmhurst** 78539 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1125.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Garza-Montalvo, Ayda, , Dr., Date of Receipt Mailing Address 2311 Silvardo North 10 19 2017 City State Zip Code Transaction ID: SA11AI.40232 TX Palmhurst 78539 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	FOR LINE NUMBER:					PAGE	: 1	56 OF	562
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Any information copied from such Reports and or for commercial purposes, other than using the succession of the commercial purposes.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Garza-Tamez, Jesus, , Dr.,	Initial) or Full Organization	on Name	Date of Receipt				
Mailing Address 1400 W. Gardenia	07 20 2017						
City	Transaction ID : SA11AI.39725						
McAllen	McAllen TX 78501						
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) self-employed	Occupation (in physician	for Individual)	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary  General  Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Garza-Tamez, Jesus, , Dr.,  Mailing Address 1400 W. Gardenia	Date of Receipt						
	08 17 2017						
City	Transaction ID : SA11AI.40233						
McAllen	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) self-employed	Occupation (	for Individual)	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-E	Date ▼ 800.00					
Full Name of Individual (Last, First, Middle Carza-Tamez, Jesus, , Dr.,	Initial) or Full Organization	on Name	Date of Receipt				
Mailing Address 1400 W. Gardenia			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State Zip 785	Code 501	Transaction ID : SA11AI.40234				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) self-employed	Occupation (f	for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-E	Pate ▼ 900.00					
SUBTOTAL of Receipts This Page (optional).		·····	300.00				
TOTAL This Period (last page this line number	er only)		1 1 40 1 1 40 1 1 40 1				

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 10 19 2017 City Zip Code State Transaction ID: SA11AI.40235 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 17 2017 11 City State Zip Code Transaction ID: SA11AI.41118 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Garza-Tamez, Jesus, , Dr., Date of Receipt Mailing Address 1400 W. Gardenia 15 2017 City State Zip Code Transaction ID: SA11AI.41119 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Gelman, Lawrence, , ,  Mailing Address 3900 Sundown Drive	al) or Full Orga	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.39726						
	mcallen	TX	78503	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual)	'	ation (for Individual)	Memo Item						
	selfemployed Receipt For:	physic		contribution						
	Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2800.00							
В.	Full Name of Individual (Last, First, Middle Initial Gelman, Lawrence, , ,	Date of Receipt								
	Mailing Address 3900 Sundown Drive	08 17 2017								
	City	State	Zip Code 78503	Transaction ID : SA11AI.40236						
	mcallen  FEC ID number of contributing federal political committee.	C	76505	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual)	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Gelman, Lawrence, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 3900 Sundown Drive			09 15 2017						
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.40237  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item contribution						
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify)									
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	1200.00						

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 19 2017 City Zip Code State Transaction ID: SA11AI.40238 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 17 2017 11 City State Zip Code Transaction ID: SA11AI.41120 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gelman, Lawrence, , , Date of Receipt Mailing Address 3900 Sundown Drive 15 2017 City State Zip Code Transaction ID: SA11AI.41121 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I George, Sathiyaraj, , Dr.,  Mailing Address 2607 Solera	nitial) or Full Orga	nization Name	Date of Receipt
			11 17 2017
City	State TX	Zip Code	Transaction ID : SA11AI.41122
Mission	17	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employed	physici	an	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle I George, Sathiyaraj, , Dr.,	l nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2607 Solera			12 15 2017
City	State	Zip Code	Transaction ID : SA11AI.41123
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 54 South 10th			07
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39729  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	l .	ation (for Individual)	Memo Item contribution
self-employee Receipt For:	physicia		Continuum
Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)			140.00
TOTAL This Period (last page this line number	er only)		

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	Statements may not be sold or used by any pe he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr., Mailing Address 54 South 10th	Initial) or Full Organization Name	Date of Receipt				
City McAllen	State Zip Code TX 78504	08 17 2017  Transaction ID : SA11AI.40245  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution				
Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle I Gillett, Richard, , Dr., Mailing Address 54 South 10th	Initial) or Full Organization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen						
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 54 South 10th	Chata Zin Coda	10 19 2017				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40247  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional)	·····	300.00				
TOTAL This Period (last page this line number	er only)					

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	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Gillett, Richard, , Dr.,  Mailing Address 54 South 10th	al) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	11 17 2017 Transaction ID : SA11AI.41126
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) self-employee	Occup: physic	ation (for Individual) ian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye		
В.	Full Name of Individual (Last, First, Middle Initi Gillett, Richard, , Dr., Mailing Address 54 South 10th	al) or Full Org	anization Name	Date of Receipt
		12 15 2017		
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.41127
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  100.00		
	Name of Employer (for Individual) self-employee	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Giraldo, Alvaro, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 106 W. Flamingo			07 20 / Y Y Y Y Y Y Y
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.39730  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occup: physici	ation (for Individual) ian	Memo Item contribution
	Receipt For: Primary General Other (specify)			
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	300.00

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	and Statements may not be sold or used by any period the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC				
Full Name of Individual (Last, First, Midd Giraldo, Alvaro, , ,	le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 106 W. Flamingo		08 17 2017			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40248			
	1/4 //8504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
selfemployed Receipt For:	physician	contribution			
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00				
Full Name of Individual (Last, First, Midd Giraldo, Alvaro, , ,	  le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 106 W. Flamingo		09 15 2017			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40249			
	76504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:  Primary General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	900.00				
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt			
Mailing Address 106 W. Flamingo		10 19 2017			
City	State Zip Code TX 78504	Transaction ID : SA11AI.40250			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary General Other (specify)	1000.00				
SUBTOTAL of Receipts This Page (options	al)	300.00			
TOTAL This Period (last page this line nur	mber only)				

Primary

C.

Other (specify)

General

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

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

562

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Giraldo, Alvaro, , , Date of Receipt Mailing Address 106 W. Flamingo 11 2017 City State Zip Code Transaction ID: SA11AI.41128 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Giraldo, Alvaro, , , Date of Receipt Mailing Address 106 W. Flamingo 12 15 2017 City State Zip Code Transaction ID: SA11AI.41129 TX 78504 mcallen Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼

	7					
Full Name of Individual (Last, First, Middle In Gomez, Felipe, , Dr.,	itial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 2401 SE Augusta Square						
City	State	Zip Code	Transaction ID : SA11AI.39731			
McAllen	TX	78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	50.00					
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
self-employed	physici	an	contribution			
Receipt For:  Primary  Other (specify)  Aggregate Year-to-Date ▼  350.00						
			250.00			

1200.00

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomez, Felipe, , Dr., Date of Receipt Mailing Address 2401 SE Augusta Square 17 2017 City Zip Code State Transaction ID: SA11AI.40251 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gomez, Felipe, , Dr., Date of Receipt Mailing Address 2401 SE Augusta Square 09 15 2017 City State Zip Code Transaction ID: SA11AI.40252 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gomez, Felipe, , Dr., Date of Receipt Mailing Address 2401 SE Augusta Square 10 19 2017 City State Zip Code Transaction ID: SA11AI.40253 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Gomez, Felipe, , Dr.,  Mailing Address 2401 SE Augusta Square	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.41131
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Gomez, Felipe, , Dr.,  Mailing Address 2401 SE Augusta Square	al) or Full Orga	anization Name	Date of Receipt
		12 15 2017		
	City	State TX	Zip Code 78503	Transaction ID : SA11AI.41130
	McAllen  FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  50.00		
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Gomez, Juan Pablo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 113 Canary			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39732  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For: Primary General Other (specify)			
H	SUBTOTAL of Receipts This Page (optional)			300.00

FOR LINE NUMBER: PAGE 167 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 17 2017 City Zip Code State Transaction ID: SA11AI.40254 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 09 15 2017 City State Zip Code Transaction ID: SA11AI.40255 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gomez, Juan Pablo, , Dr., Date of Receipt Mailing Address 113 Canary 10 19 2017 City State Zip Code Transaction ID: SA11AI.40256 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name of Individual (Last, First, Middle I Gomez, Juan Pablo, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 113 Canary	11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41132
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	Occupa physicia Aggregate Yea		Memo Item contribution
Primary General Other (specify) ▼		2200.00	
Full Name of Individual (Last, First, Middle I Gomez, Juan Pablo, , Dr.,  Mailing Address 113 Canary	Date of Receipt		
City McAllen	State	Zip Code 78504	12 15 2017  Transaction ID : SA11AI.41133  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.0001	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual) ian	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2400.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	ınization Name	Date of Receipt
Mailing Address 2705 Biltmore	To:	Tr. c :	07
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.39733  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) selfemployed	private i	ation (for Individual) investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 245.00	
SUBTOTAL of Receipts This Page (optional)			435.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:					PAGE	1	69 OF		562	
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	and Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middl Gomez, Marco, , Mr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2705 Biltmore	08 17 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.40257				
Edinburg	Edinburg TX 78539					
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	. gg. gg. to . to 2 ato					
Other (specify) ▼	280.00					
Full Name of Individual (Last, First, Middl 3. Gomez, Marco, , Mr.,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2705 Biltmore	09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40258				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	315.00					
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2705 Biltmore		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40259				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual)	Memo Item				
Receipt For:	private investor	Continuation				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	350.00					
SUBTOTAL of Receipts This Page (optional	i)	105.00				
TOTAL This Period (last page this line num	nber only)	1 1 40 1 1 40 1 1 40 1				

FOR LINE NUMBER: PAGE 170 OF							: ;	562	
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	eports and Statements may not be sold or used by any person using the name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FE	DERAL PAC						
Gomez, Marco, , Mr.,	st, Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2705 Biltmore	Mailing Address 2705 Biltmore						
City	·						
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	private investor	contribution					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify) ▼	385.00						
Full Name of Individual (Last, Firs 3. Gomez, Marco, , Mr.,	st, Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2705 Biltmore		12 15 2017					
City	State Zip Code						
Edinburg	TX 78539	Transaction ID : SA11AI.41135					
	7000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	420.00						
Full Name of Individual (Last, Firs	st, Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1203 Esther	, , =,	11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41138					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer (for Individual)	Memo Item						
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	220.00						
Other (specify)	220.00						
SUBTOTAL of Receipts This Page	(optional)	90.00					
TOTAL This Period (last page this	line number only)						

					PAGE	1	71 OF	 562	
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initional Gomez-Martinez, Marissa, , Dr.,  Mailing Address 1203 Esther	al) or Full Org	anization Name	Date of Receipt				
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41139				
	Edinburg	TX	78539	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	ceipt For:  Aggregate Year-to-Date ▼  Primary General						
В.	Full Name of Individual (Last, First, Middle Initia Gonzales, Michael, , Mr.,	Date of Receipt						
	Mailing Address 204 Valenca							
	City Weslaco	State	Zip Code 78596	Transaction ID : SA11AI.40267  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	D number of contributing						
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Gonzales, Michael, , Mr.,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 204 Valenca			10 19 2017				
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.40268  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer (for Individual) selfemployed	ation (for Individual) investor	Memo Item contribution					
	Receipt For:  Primary General  Other (specify)	Aggregate Ye	250.00					
Г			492 402	70.00				
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			70.00				

FOR LINE NUMBER:					PAGE	1	72 OF	,	562	
(0	(check only one)									
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		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pedress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Gonzales, Michael, , Mr.,	nitial) or Full Org	anization Name	Date of Receipt				
Mailing Address 204 Valenca	waiiing Address 204 Valenca						
City	State	Zip Code	Transaction ID : SA11AI.41140				
Weslaco	TX	78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		25.00				
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
selfemployed	private	e investor	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle II  Gonzales, Michael, , Mr.,	Date of Receipt						
Mailing Address 204 Valenca	la.		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Weslaco	State	Zip Code 78596	Transaction ID: SA11AI.41141				
FEC ID number of contributing federal political committee.	C	10000	Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) selfemployed		eation (for Individual) e investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle II	nitial) or Full Org	anization Name	Date of Receipt				
Mailing Address 311 E. Davis	l.		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.40273				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) selfemployed		ation (for Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Ye						
SUBTOTAL of Receipts This Page (optional)			75.00				
TOTAL This Period (last page this line numbe	r only)						

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

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

FOR LINE NUMBER: PAGE 173 OF 562 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Aida, , Ms, Date of Receipt Mailing Address 311 E. Davis 10 19 2017 City Zip Code State Transaction ID: SA11AI.40275 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Aida, , Ms, Date of Receipt Mailing Address 311 E. Davis 17 2017 11 City State Zip Code Transaction ID: SA11AI.41144 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Aida, , Ms, Date of Receipt Mailing Address 311 E. Davis 15 2017 City State Zip Code Transaction ID: SA11AI.41145 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

7

75.00

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

12 Detailed Summary Page 13 16 14 15

	nformation copied from such Reports and Stat commercial purposes, other than using the n				
	AME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PA	4C			
۲G	III Name of Individual (Last, First, Middle Initia Gonzalez, Alfredo, , , ailing Address 2305 Monaco Drive	l) or Full Org	anization Name	Date of Receipt	
_		State	Zin Codo	07 20 2017	
Cit m	ission	State TX	Zip Code 78574	Transaction ID : SA11AI.39739  Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	С		50.00	
Na	ame of Employer (for Individual)	Occup	ation (for Individual)	Memo Item	
	lfemployed	physic	cian	contribution	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00		
3. <u>G</u>	III Name of Individual (Last, First, Middle Initial Bonzalez, Alfredo, , , ailing Address 2305 Monaco Drive	Date of Receipt			
		To		08 17 2017	
Cit	ty ission	State	Zip Code 78574	Transaction ID : SA11AI.40277	
FE	EC ID number of contributing deral political committee.	C	705/4	Amount of Each Receipt this Period  50.00	
	ame of Employer (for Individual) Ifemployed	Occup	oation (for Individual) cian	Memo Item contribution	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00		
	III Name of Individual (Last, First, Middle Initia Gonzalez, Alfredo, , ,	ll) or Full Org	anization Name	Date of Receipt	
Ma	ailing Address 2305 Monaco Drive			09 15 2017	
Cit		State TX	Zip Code	Transaction ID : SA11AI.40278	
	ission	1/	78574	Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	С		50.00	
se	ame of Employer (for Individual)	loyed physician			
Re	eceipt For: Primary General				
	Other (specify)		450.00		
SUB	TOTAL of Receipts This Page (optional)			150.00	
тот	AL This Period (last page this line number on	nly)			

FOR LINE NUMBER: PAGE 175 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Alfredo, , , Date of Receipt Mailing Address 2305 Monaco Drive 19 2017 City Zip Code State Transaction ID: SA11AI.40279 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gonzalez, Alfredo, , , Date of Receipt Mailing Address 2305 Monaco Drive 17 2017 11 City State Zip Code Transaction ID: SA11AI.41146 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonzalez, Alfredo, , , Date of Receipt Mailing Address 2305 Monaco Drive 15 2017 City State Zip Code Transaction ID: SA11AI.41147 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOF	PAGE	1	76 OF	,	562			
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	State TX Zip Code 78539  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  2800.00	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39740  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Ent Name of Individual (Last, First, Middle III)	State Zip Code 78539  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   3200.00	Date of Receipt  17 2017  Transaction ID: SA11Al.40280  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  3600.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.40281  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	1	77 OF	562	
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Any information copied from such Reports and or for commercial purposes, other than using to			erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name of Individual (Last, First, Middle I Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago	Date of Receipt				
City	Ototo	Zin Codo	10 19 2017		
City edinburg	State	Zip Code 78539	Transaction ID : SA11AI.40282		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00		
Name of Employer (for Individual) selfemployed		tion (for Individual) investor	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 4000.00			
Full Name of Individual (Last, First, Middle I  Gonzalez, Jaime, , ,  Mailing Address 3511 Plazas del Lago	Initial) or Full Orga	nization Name	Date of Receipt		
City edinburg	State	Zip Code 78539	11 17 2017  Transaction ID : SA11AI.41148		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00			
Name of Employer (for Individual) selfemployed	Occupa private	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 4400.00			
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 3511 Plazas del Lago	Mailing Address 3511 Plazas del Lago				
City edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.41149		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 400.00		
Name of Employer (for Individual) selfemployed		tion (for Individual) investor	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 4800.00			
SUBTOTAL of Receipts This Page (optional)		••••••••••••••••••••••••••••••••••••••	1200.00		
TOTAL This Period (last page this line number	er only)				

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

FOR LINE NUMBER:				PAGE 178 OF				562		
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	×	11a		11b		11c		12		
		13		14		15		16		17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

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

A Gonzalez Mark Dr

I/								
Α.	Full Name of Individual (Last, First, Middle Ini Gonzalez, Mark, , Dr.,	Date of Receipt						
	Mailing Address 2405 Dorado Drive		07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39741				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00 Memo Item				
	Name of Employer (for Individual)	Occupa	ation (for Individual)					
	Self employed	physic	ian	contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General	7.99.094.0	an to Date					
	Other (specify) ▼		350.00					
B B	Full Name of Individual (Last, First, Middle Ini Gonzalez, Mark, , Dr.,	tial) or Full Orga	anization Name	Date of Receipt				
υ.	Mailing Address 2405 Dorado Drive			08 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40283				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) Self employed	Occup physic	ation (for Individual) cian	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General	Aggregate real to bate +						
	Other (specify) ▼		400.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Ini Gonzalez, Mark, , Dr.,	tial) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 2405 Dorado Drive			09 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40284				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) Self employed	Occupa physici	ation (for Individual) ian	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)		450.00					
H	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			150.00				

FOR LINE NUMBER: PAGE 179 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonzalez, Mark, , Dr., Date of Receipt Mailing Address 2405 Dorado Drive 19 2017 City Zip Code State Transaction ID: SA11AI.40285 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Mark, , Dr., Date of Receipt Mailing Address 2405 Dorado Drive 17 2017 11 City State Zip Code Transaction ID: SA11AI.41150 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonzalez, Mark, , Dr., Date of Receipt Mailing Address 2405 Dorado Drive 15 2017 City State Zip Code Transaction ID: SA11AI.41151 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FO	:	PAGE	. 1	80 OF	 62		
(check only one)							
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	13	14	□ 1	15		16	17

	Statements may not be sold or used by any pen name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle II Gordon, Verley, , ,  Mailing Address 1700 E. Mile 3 Road  City mission  FEC ID number of contributing federal political committee.	State Zip Code 78574	Date of Receipt  07 20 2017  Transaction ID : SA11AI.39742  Amount of Each Receipt this Period  250.00  Memo Item				
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1750.00	contribution				
Full Name of Individual (Last, First, Middle II Gordon, Verley, , ,  Mailing Address 1700 E. Mile 3 Road  City mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Employer (for Individual) selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   2000.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle II Gordon, Verley, , ,  Mailing Address 1700 E. Mile 3 Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	nitial) or Full Organization Name    State	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00				
TOTAL This Period (last page this line numbe	r only)					

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

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		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	
Full Name of Individual (Last, First, Middle Gordon, Verley, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1700 E. Mile 3 Road		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40288
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		00.00
Full Name of Individual (Last, First, Middle Gordon, Verley, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1700 E. Mile 3 Road		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.41152
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	27	50.00
Full Name of Individual (Last, First, Middle Gordon, Verley, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1700 E. Mile 3 Road		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78574	Transaction ID : SA11AI.41153
mission	TX 78574	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	30	00.00
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line numb	er only)	

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II  Griego, Enrique, , ,  Mailing Address 905 Inspiratin Drive  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2800.00	Date of Receipt  07
Full Name of Individual (Last, First, Middle II  Griego, Enrique, , ,  Mailing Address 905 Inspiratin Drive  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   The state of t	State   Zip Code   78577   C    Occupation (for Individual)   physician   Aggregate Year-to-Date ▼   3200.00	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40289  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle II Griego, Enrique, , ,  Mailing Address 905 Inspiratin Drive  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78577	Date of Receipt  M 9
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numbe	r only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Griego, Enrique, , ,  Mailing Address 905 Inspiratin Drive	al) or Full Orga	anization Name	Date of Receipt  10 19 2017
	City	State	Zip Code 78577	Transaction ID : SA11AI.40291
	Pharr FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00		
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution		
В.	Full Name of Individual (Last, First, Middle Initia Griego, Enrique, , ,  Mailing Address 905 Inspiratin Drive	al) or Full Orga	anization Name	Date of Receipt  11 17 2017
	City	State	Zip Code 78577	Transaction ID : SA11AI.41154
	pharr  FEC ID number of contributing federal political committee.	C	16011	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 4400.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Griego, Enrique, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 905 Inspiratin Drive			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.41155  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution
	Primary General Other (specify)	Aggregate re	4800.00	
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	1200.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC		
Full Name of Individual (Last, First, Middle Guajardo, Maria Ruby, , Dr.,  Mailing Address 2603 Santa Laura	Initial) or Full Orga	nization Name	Date of Receipt
Maining Address 2003 Sailla Laura			07 20 2017
City	State	Zip Code	Transaction ID : SA11AI.39744
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employee	physicia	an	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle Guajardo, Maria Ruby, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2603 Santa Laura			08 17 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.40292
Mission	IX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) self-employee	Occupa physicia	ition (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle C. Guajardo, Maria Ruby, , Dr.,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2603 Santa Laura	I -		09 15 2017
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40293
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) self-employee		tion (for Individual)	Memo Item contribution
Receipt For:	physicia Aggregate Vec		Contribution
Primary General Other (specify)	Aggregate Yea	450.00	
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line numb	er only)		

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

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RECEIPTS	for each category of the Detailed Summary Page	(ch	eck only 11a 13	or	ne) 11b 14		11c 15		12 16		17
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 19 2017 City Zip Code State Transaction ID: SA11AI.40294 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 11 2017 City State Zip Code Transaction ID: SA11AI.41156 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Guajardo, Maria Ruby, , Dr., Date of Receipt Mailing Address 2603 Santa Laura 15 2017 City Zip Code State Transaction ID: SA11AI.41157 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		,		_		_	150	0.00	
TOTAL This Period (last page this line number only)			_	_	<u> </u>	_	_	-	

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	s and Statements may not be sold or used by any persising the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, MicGuerra, Daniel, , ,  Mailing Address 101 S. Broadway  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41158  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Minageria, Daniel, , ,  Mailing Address 101 S. Broadway  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   78501   C	Date of Receipt  12
Full Name of Individual (Last, First, Mic. Guerra, Marcy, , , Mailing Address 13337 Borolo Drive  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX Zip Code 78541  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1750.00	Date of Receipt  07
SUBTOTAL of Receipts This Page (option	onal)	1050.00
TOTAL This Period (last page this line n	number only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC	
Full Name of Individual (Last, First, Mid Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	ddle Initial) or Full Organization Name	Date of Receipt
		08 17 2017
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.40298
	76541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name of Individual (Last, First, Mid 3. Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	 ddle Initial) or Full Organization Name	Date of Receipt
Otto	0.4.	09 15 2017
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.40299
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name of Individual (Last, First, Mid C. Guerra, Marcy, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 13337 Borolo Drive		10 19 2017
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.40300  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00
TOTAL This Period (last page this line n	umber only)	

				PAGE	1	88 OF		562		
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi Guerra, Marcy, , ,  Mailing Address 13337 Borolo Drive	al) or Full Org	anization Name	Date of Receipt				
		Ta: :		11 17 2017				
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.41163  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2750.00					
В.	Full Name of Individual (Last, First, Middle Initi Guerra, Marcy, , , Mailing Address 13337 Borolo Drive	Date of Receipt						
	City	State	Zip Code	12 15 2017				
	edinburg	TX	78541	Transaction ID : SA11AI.41164  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3000.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Gummadi, Sarada, , Dr.,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 4404 Santa Fabiola			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40302  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual) ian	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00					
H	SUBTOTAL of Receipts This Page (optional)			525.00				

FOR LINE NUMBER:				PAGE	1	89 OF	:	562
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Gummadi, Sarada, , Dr., Mailing Address 4404 Santa Fabiola	al) or Full Orga	anization Name	Date of Receipt				
	City	State	Zip Code	10 19 2017 Transaction ID : SA11AI.40303				
	Mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00					
В.	Full Name of Individual (Last, First, Middle Initial Gummadi, Sarada, , Dr.,	Date of Receipt						
		Mailing Address 4404 Santa Fabiola						
	City	State	Zip Code 78572	Transaction ID : SA11AI.41165				
	Mission  FEC ID number of contributing federal political committee.	C	76372	Amount of Each Receipt this Period  25.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) sian	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia Gummadi, Sarada, , Dr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 4404 Santa Fabiola			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41166  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00					
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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C		
	Full Name of Individual (Last, First, Middle Initial Gutierrez, Alberto, , ,	) or Full Orga	nization Name	Date of Receipt
ľ	Mailing Address 6020 Wisconsin			07
	City	State	Zip Code	Transaction ID : SA11AI.39748
_	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		250.00
Ī	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
5	selfemployed	physicia	an	contribution
_	Descript Fam.	Aggregate Yea	ar-to-Date ▼	
	Primary General	199.094.0		
	Other (specify) ▼	-	1750.00	
	Full Name of Individual (Last, First, Middle Initial Gutierrez, Alberto, , ,	) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 6020 Wisconsin			M = M / D = D / Y = Y = Y
_		State	Zip Code	08 17 2017
	City	Transaction ID : SA11AI.40304		
_	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		250.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ition (for Individual) an	Memo Item contribution
F		Aggregate Yea	ar-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
	Full Name of Individual (Last, First, Middle Initial Gutierrez, Alberto, , ,	) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 6020 Wisconsin			09 15 2017
(	City	State	Zip Code	Transaction ID : SA11AI.40305
_	edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
-1	Name of Employer (for Individual)	Memo Item		
	selfemployed	physicia	tion (for Individual) an	contribution
	Possint For:	Aggregate Yea		
	Primary General	iggiogato 160		
	Other (specify)		2250.00	
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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Alberto, , , Date of Receipt Mailing Address 6020 Wisconsin 19 2017 City Zip Code State Transaction ID: SA11AI.40306 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Alberto, , , Date of Receipt Mailing Address 6020 Wisconsin 17 2017 11 City State Zip Code Transaction ID: SA11AI.41167 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Alberto, , , Date of Receipt Mailing Address 6020 Wisconsin 15 2017 City State Zip Code Transaction ID: SA11AI.41168 TX edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:				PAGE	1	92 OF	: ;	562		
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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , ,  Mailing Address 511 N. Depot Road  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78541   C    Occupation (for Individual)   physician   Aggregate Year-to-Date ▼	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39749  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , ,  Mailing Address 511 N. Depot Road  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   State Middle In Gutier Individual)	State TX Zip Code 78541  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40307  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Gutierrez, Marco, , ,  Mailing Address 511 N. Depot Road  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78541  C  Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40308  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numbe	r only)	

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Marco, , , Date of Receipt Mailing Address 511 N. Depot Road 19 2017 City Zip Code State Transaction ID: SA11AI.40309 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Marco, , , Date of Receipt Mailing Address 511 N. Depot Road 17 2017 11 City State Zip Code Transaction ID: SA11AI.41169 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Marco, , , Date of Receipt Mailing Address 511 N. Depot Road 15 2017 City State Zip Code Transaction ID: SA11AI.41170 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , ,  Mailing Address 224 Lindberg  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Initial) or Full Organization Name  State Zip Code TX 78501  C Occupation (for Individual)	Date of Receipt  07
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  1750.00	contribution
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , ,  Mailing Address 224 Lindberg  City  mcallen  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code  TX 78501	Date of Receipt    M
federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2000.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Gutierrez, Miguel, , ,  Mailing Address 224 Lindberg  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M 2017  Transaction ID: SA11AI.40311  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 19 2017 City Zip Code State Transaction ID: SA11AI.40312 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 17 2017 11 City State Zip Code Transaction ID: SA11AI.41171 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gutierrez, Miguel, , , Date of Receipt Mailing Address 224 Lindberg 15 2017 City Zip Code State Transaction ID: SA11AI.41172 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

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	ts and Statements may not be sold or used by any persusing the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC			
Guzman, Anna, Lisa, ,  Mailing Address P.O. Box 720235  City McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt    M		
Receipt For:  Primary  Other (specify) ▼	Occupation (for Individual) physician assistant  Aggregate Year-to-Date   225.00	Memo Item contribution		
Full Name of Individual (Last, First, Mailing Address P.O. Box 720235  City  McAllen  FEC ID number of contributing	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40315  Amount of Each Receipt this Period			
federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) physician assistant  Aggregate Year-to-Date   250.00	Memo Item contribution		
Full Name of Individual (Last, First, M. Guzman, Anna, Lisa, ,  Mailing Address P.O. Box 720235  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Addle Initial) or Full Organization Name  State	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41173  Amount of Each Receipt this Period  25.00  Memo Item contribution		
SUBTOTAL of Receipts This Page (opt	ional)	75.00		
TOTAL This Period (last page this line	number only)			

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	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Guzman, Anna, Lisa, ,  Mailing Address P.O. Box 720235  City McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  12
Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician assistant  Aggregate Year-to-Date ▼  300.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Guzman, Edwardo, , Dr.,  Mailing Address 2308 Highway 83 suite f  City Penitas  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee	State Zip Code 78573  C Occupation (for Individual)	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39752  Amount of Each Receipt this Period  50.00  Memo Item
Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  350.00	contribution
Full Name of Individual (Last, First, Middle In Guzman, Edwardo, , Dr.,  Mailing Address 2308 Highway 83 suite f  City Penitas  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For: Primary General Other (specify)	State Zip Code TX 78573  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40316  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	125.00
TOTAL This Period (last page this line numbe	r only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC							
Α.	Full Name of Individual (Last, First, Middle Initia Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 2308 Highway 83 suite f			09 15 2017					
	City	State	Zip Code	Transaction ID : SA11AI.40317					
	Penitas	TX	78573	_ Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item					
	self-employee	contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼	_					
В.	Full Name of Individual (Last, First, Middle Initia Guzman, Edwardo, , Dr.,	Date of Receipt							
	Mailing Address 2308 Highway 83 suite f	10 19 2017							
	City	State	Zip Code	Transaction ID : SA11AI.40318					
	Penitas	TX	78573	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employee	Occup physi	oation (for Individual) cian	Memo Item contribution					
	Receipt For:	Aggregate Y	ear-to-Date ▼						
	Primary General Other (specify) ▼	4	500.00						
_	Full Name of Individual (Last, First, Middle Initial Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt					
<b>U</b> .	Mailing Address 2308 Highway 83 suite f			<u> </u>					
	2308 Highway 83 Suite f			11 17 2017					
	City	State	Zip Code	Transaction ID : SA11AI.41175					
	Penitas	TX	78573	Amount of Each Receipt this Period					
	FEC ID number of contributing			7 thouse of Each Hoodpt the Fored					
	federal political committee.	C		50.00					
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item					
	self-employee	physic	cian	contribution					
	Receipt For:	Aggregate Y	ear-to-Date ▼						
	Primary General	199.191111							
	Other (specify)		550.00						
s	SUBTOTAL of Receipts This Page (optional)		<u> </u>	150.00					
Т	OTAL This Period (last page this line number o	only)							

FOR LINE NUMBER:					PAGE	1	99 OF	562	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC					
Α.	Full Name of Individual (Last, First, Middle Initia Guzman, Edwardo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 2308 Highway 83 suite f			12 15 2017			
	City	State	Zip Code	Transaction ID : SA11AI.41176			
	Penitas	TX	78573	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item			
	self-employee	physic	,	contribution			
	Receipt For:  Primary General  Other (specify) ▼	1, ,	rear-to-Date ▼				
_	Full Name of Individual (Last, First, Middle Initia	al) or Full Ord	· · · · · · · · · · · · · · · · · · ·				
B.	Haddad, Victor, , ,	a., o a o.s	Ja	Date of Receipt			
	Mailing Address 4008 Burns Drive South			M M / D D / Y Y Y Y			
	Walling Address 4006 Bullis Drive South	07 20 2017					
	City	State	Zip Code				
	mcallen	TX	78503	Transaction ID : SA11AI.39753			
		177	70000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate Y	′ear-to-Date ▼				
	Primary General Other (specify) ▼	4	2800.00				
	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	al) or Full Orç	ganization Name	Date of Receipt			
О.	Mailing Address 4008 Burns Drive South			08 17 2017			
	City	State	Zip Code	Transaction ID : SA11AI.40319			
	mcallen	TX	78503				
	- Incalicit		70000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		400.00			
	Name of Employer (for Individual)	Occur	oation (for Individual)	Memo Item			
	selfemployed	physic	,	contribution			
	Receipt For:	1	′ear-to-Date ▼	†			
	Primary General	Aggregate 1	ear-to-Date •				
	Other (specify)		3200.00				
s	SUBTOTAL of Receipts This Page (optional)			850.00			
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,  Mailing Address 4008 Burns Drive South	al) or Full Org	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.40320					
	mcallen	TX	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item					
	selfemployed	physic	cian	contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3600.00						
В.	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	Date of Receipt							
	Mailing Address 4008 Burns Drive South	10 19 2017							
	City mcallen	State	Zip Code 78503	Transaction ID : SA11AI.40321					
	FEC ID number of contributing federal political committee.	C	76303	Amount of Each Receipt this Period 400.00					
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 4000.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Haddad, Victor, , ,	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 4008 Burns Drive South			11 17 2017					
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.41177  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Other (specify)  General		4400.00						
	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	1200.00					

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	Statements may not be sold or used by any pe he name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC			
Full Name of Individual (Last, First, Middle I Haddad, Victor, , ,  Mailing Address 4008 Burns Drive South  City	nitial) or Full Organization Name  State Zip Code	Date of Receipt  12 15 2017		
mcallen	TX 78503	Transaction ID : SA11AI.41178		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  4800.00	Continbution		
Full Name of Individual (Last, First, Middle I  Helbing, Robert, , ,  Mailing Address 820 Tamarack	Date of Receipt			
City	State Zip Code	7 20 2017 Transaction ID : SA11AI.39754 Amount of Each Receipt this Period		
mcallen  FEC ID number of contributing federal political committee.	ID number of contributing			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			
Full Name of Individual (Last, First, Middle I Helbing, Robert, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 820 Tamarack		08 17 2017		
City mcallen	State Zip Code 78501	Transaction ID : SA11AI.40322  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer (for Individual) self-employed Receipt For:	self-employed private investor			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00		
TOTAL This Period (last page this line number	er only)			

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

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Helbing, Robert, , , Date of Receipt Mailing Address 820 Tamarack 2017 City Zip Code State Transaction ID: SA11AI.40323 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Helbing, Robert, , , Date of Receipt Mailing Address 820 Tamarack 10 19 2017 City State Zip Code Transaction ID: SA11AI.40324 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Helbing, Robert, , , Date of Receipt Mailing Address 820 Tamarack 17 2017 City State Zip Code Transaction ID: SA11AI.41179 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:						PAGE	2	03 OF	 562
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		13		14		15		16	17

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Helbing, Robert, , ,  Mailing Address 820 Tamarack	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	12 15 2017 Transaction ID : SA11AI.41180
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle In Hensler, Blake, , Mr.,  Mailing Address 3414 Pricess Street	nitial) or Full Organization Name	Date of Receipt
Oth	0	09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40326
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middle In Hensler, Blake, , Mr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3414 Pricess Street		10 19 / 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.40327
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00
TOTAL This Period (last page this line number	only)	4

FOR LINE NUMBER: PAGE 204 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hensler, Blake, , Mr., Date of Receipt Mailing Address 3414 Pricess Street 11 17 2017 City Zip Code State Transaction ID: SA11AI.41181 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hensler, Blake, , Mr., Date of Receipt Mailing Address 3414 Pricess Street 12 15 2017 City State Zip Code Transaction ID: SA11AI.41182 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hensler, Monica, , Ms, Date of Receipt Mailing Address 3414 Princess Street 15 2017 City State Zip Code Transaction ID: SA11AI.40329 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 205 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hensler, Monica, , Ms, Date of Receipt Mailing Address 3414 Princess Street 10 19 2017 City Zip Code State Transaction ID: SA11AI.40330 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hensler, Monica, , Ms, Date of Receipt Mailing Address 3414 Princess Street 17 2017 11 City State Zip Code Transaction ID: SA11AI.41183 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hensler, Monica, , Ms, Date of Receipt Mailing Address 3414 Princess Street 15 2017 City State Zip Code Transaction ID: SA11AI.41184 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 206 OF 562

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	BORDER HEALTH FEDERAL P	AC		
A.	Full Name of Individual (Last, First, Middle Initial Hernandez, Ambrosio, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2000 Dana		07 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.39757  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occu	pation (for Individual)	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2800.00	
В.	Full Name of Individual (Last, First, Middle Inition Hernandez, Ambrosio, , , Mailing Address 2000 Dana	al) or Full Or	ganization Name	Date of Receipt
	City	State	Zip Code 78577	08 17 2017  Transaction ID : SA11AI.40331  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00	
	Name of Employer (for Individual) selfemployed		pation (for Individual) ician	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 3200.00	
— С.	Full Name of Individual (Last, First, Middle Initial Hernandez, Ambrosio, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2000 Dana			09 15 2017
	City Pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.40332  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	physi		Memo Item contribution
	Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 3600.00	
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u>,                                      </u>	1200.00

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hernandez, Ambrosio, , , Date of Receipt Mailing Address 2000 Dana 19 2017 City Zip Code State Transaction ID: SA11AI.40333 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 4000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hernandez, Ambrosio, , , Date of Receipt Mailing Address 2000 Dana 17 2017 11 City State Zip Code Transaction ID: SA11AI.41185 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hernandez, Ambrosio, , , Date of Receipt Mailing Address 2000 Dana 15 2017 City Zip Code State Transaction ID: SA11AI.41186 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC					
Full Name of Individual (Last, First, Middle Hernandez, Lisa Maria, , Ms,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3823 Inez		11 17 2017				
City	State Zip Code TX 78539	Transaction ID : SA11AI.41187				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	220.00					
Full Name of Individual (Last, First, Middle B. Hernandez, Lisa Maria, , Ms,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3823 Inez		12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.41188				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	240.00					
Full Name of Individual (Last, First, Middle C. Hernandez, Maximiliano, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		07 20 / Y Y Y Y Y Y				
City	State Zip Code TX 78503	Transaction ID : SA11AI.39759				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate rear-to-Date •					
Primary General Other (specify)	1750.00					
SUBTOTAL of Receipts This Page (optional)		> 290.00				
TOTAL This Period (last page this line numb	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		08 17 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.40337				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		7				
Other (specify) ▼	2000.00					
Full Name of Individual (Last, First, Middle II  Hernandez, Maximiliano, , ,	Date of Receipt					
Mailing Address 301 Byron Nelson Drive						
#40 Villas Jardin	State Zin Code	09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40338				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00					
Full Name of Individual (Last, First, Middle In Hernandez, Maximiliano, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		10 19 / 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.40339				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Receipt For: Aggregate Year-to-Date ▼					
Primary General Other (specify)	2500.00					
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line number	r only)	<b>&gt;</b>				

FOR LINE NUMBER: PAGE 210 OF 562 Use separate schedule for each category of the Detailed Summary Page

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	the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Hernandez, Maximiliano, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hernandez, Maximiliano, , ,  Mailing Address 301 Byron Nelson Drive						
#40 Villas Jardin		11 17 2017					
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.41189					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00						
Full Name of Individual (Last, First, Middle Hernandez, Maximiliano, , ,	Date of Receipt						
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City	#40 Villas Jardin						
mcallen	TX 78503	Transaction ID : SA11AI.41190  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	250.00						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
Full Name of Individual (Last, First, Middle Lost, First, First, Middle Lost, First, First, Middle Lost, First, First, Middle Lost, First,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 802 Inspiration Road		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City pharr	State Zip Code 78577	Transaction ID : SA11AI.39760  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00	]					
SUBTOTAL of Receipts This Page (optional)		750.00					
TOTAL This Period (last page this line numb	per only)						

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

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	FOR LINE NUMBER: (check only one)					:	PAGE	2	11 OF	 562
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	and Statements may not be sold or used by any per ig the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Midd Hoffman, Maria, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 802 Inspiration Road		08 17 2017					
City	State Zip Code	Transaction ID : SA11AI.40340					
pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General	Aggregate real-to-pate 4						
Other (specify) ▼	2000.00						
Full Name of Individual (Last, First, Midd 3. Hoffman, Maria, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 802 Inspiration Road							
ag / taa.1000 002 Inspiration Road		09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40341					
pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	ů l						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	2250.00						
Full Name of Individual (Last, First, Midd C. Hoffman, Maria, , ,	le Initial) or Full Organization Name	Data of Pagaint					
		Date of Receipt					
Mailing Address 802 Inspiration Road		10 19 2017					
City	State Zip Code	Transaction ID : SA11AI.40342					
pharr	TX 78577	Amount of Each Receipt this Period					
- <u>·</u>		Amount of Lach Hecelpt this Fellou					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Memo Item						
selfemployed	contribution						
Receipt For:							
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	2500.00						
SUBTOTAL of Receipts This Page (options	al)	750.00					
TOTAL This Period (last page this line nur	mber only)						

						PAGE	2	12 OF		562
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Hoffman, Maria, , ,  Mailing Address 802 Inspiration Road	al) or Full Org	anization Name	Date of Receipt  11 17 2017						
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.41191 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer (for Individual) selfemployed Receipt For:	physic	eation (for Individual)  cian  ear-to-Date ▼	Memo Item contribution						
	Primary General Other (specify) ▼	Aggregate 10	2750.00							
В.	Full Name of Individual (Last, First, Middle Initial Hoffman, Maria, , ,  Mailing Address 802 Inspiration Road	Date of Receipt  12 15 2017								
	City	Transaction ID : SA11AI.41192								
	PEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  250.00								
	Name of Employer (for Individual) selfemployed	Occup physic	oation (for Individual) cian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3000.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Honrubia, Dynio, , Dr.,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 5600 North Cynthia	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39761  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employee Receipt For:	physic		Memo Item contribution						
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 350.00							
H	UBTOTAL of Receipts This Page (optional)			550.00						
1 '	OTAL This Period (last page this line number o	ı ıı y <i>)</i>								

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle II Honrubia, Dynio, , Dr.,  Mailing Address 5600 North Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  M M
Full Name of Individual (Last, First, Middle II  Honrubia, Dynio, , Dr.,  Mailing Address 5600 North Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle II	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   450.00	Date of Receipt  15 2017  Transaction ID: SA11Al.40344  Amount of Each Receipt this Period  50.00  Memo Item contribution
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40345  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	·····	150.00
TOTAL This Period (last page this line numbe	r only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia	al) or Full Orga	anization Name	Date of Receipt					
	City	State Zip Code							
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 550.00						
В.	Full Name of Individual (Last, First, Middle Initia Honrubia, Dynio, , Dr., Mailing Address 5600 North Cynthia	al) or Full Orga	anization Name	Date of Receipt					
	City	12 15 2017							
	McAllen	State	Zip Code 78504	Transaction ID : SA11AI.41194					
	FEC ID number of contributing federal political committee.	C	10001	Amount of Each Receipt this Period  50.00					
	Name of Employer (for Individual) self-employee	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600,00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Honrubia, Vincent, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 204 Rio Grande			07 20 Y Y Y Y Y Y					
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39762  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye							
	Other (specify)		2800.00						
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	500.00					
T	<b>OTAL</b> This Period (last page this line number of	nly)	·····						

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi- Honrubia, Vincent, , ,	Date of Receipt						
	Mailing Address 204 Rio Grande			08 17 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.40346				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	400.00						
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	selfemployed	physi	, ,	contribution				
	Receipt For:	1		Continuation				
	Primary General	Aggregate Y	/ear-to-Date ▼					
	Other (specify) ▼							
В.	Full Name of Individual (Last, First, Middle Initi Honrubia, Vincent, , ,	al) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 204 Rio Grande	09 15 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40347				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	400.00					
	Name of Employer (for Individual) selfemployed	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate \	/ear-to-Date ▼					
	Primary General Other (specify) ▼		3600.00					
	Full Name of Individual (Last, First, Middle Initi Honrubia, Vincent, , ,	al) or Full Or	ganization Name	Date of Receipt				
•	Mailing Address 204 Rio Grande			10 19 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40348				
	mission	TX	78572	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item				
	selfemployed	physic	'	contribution				
	Receipt For:	1		†				
	Primary General	· Aggregate rear-to-bate •						
	Other (specify)		4000.00					
s	UBTOTAL of Receipts This Page (optional)			1200.00				
Т	OTAL This Period (last page this line number o	nly)						

					PAGE	2	16 OF	 562		
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				son for the purpose of soliciting contributions o solicit contributions from such committee.			
\	COMMITTEE (In Full) R HEALTH FEDERAL PA	/C					
Honrubia,	of Individual (Last, First, Middle Initial Vincent, , ,	Date of Receipt					
Mailing Addi	ress 204 Rio Grande			11 17 2017			
City		State	Zip Code	Transaction ID : SA11AI.41195			
mission		TX	78572	Amount of Each Receipt this Period			
	nber of contributing cal committee.	С		400.00			
Name of En	nployer (for Individual)	Memo Item contribution					
Receipt For:		Aggregate Yea	ar-to-Date ▼ 4400.00				
3. Honrubia	of Individual (Last, First, Middle Initial I, Vincent, , , ress 204 Rio Grande	l) or Full Orga	nization Name	Date of Receipt			
	204 Mio Grande	12 15 2017					
City 		State	Zip Code	Transaction ID : SA11AI.41196			
mission		TX	78572	Amount of Each Receipt this Period			
	nber of contributing cal committee.	C		400.00			
selfemployed		Occupa physici	ation (for Individual) an	Memo Item contribution			
Receipt For: Primal Other		Aggregate Yea	ar-to-Date ▼ 4800.00				
	of Individual (Last, First, Middle Initial Syed, , Dr.,	l) or Full Orga	nization Name	Date of Receipt			
	ress 7020 N. 1st		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen		State TX	Zip Code 78504	Transaction ID : SA11AI.39763			
FEC ID num	nber of contributing cal committee.	C	70004	Amount of Each Receipt this Period			
Name of En	nployer (for Individual)	Occupa physicia	tion (for Individual) an	Memo Item contribution			
Receipt For: Primal Other		Aggregate Yea					
SUBTOTAL O	f Receipts This Page (optional)		<b></b>	900.00			
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						PAGE	2	17 OF	: ;	562
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		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr.,  Mailing Address 7020 N. 1st	Initial) or Full Organization Name	Date of Receipt			
City	State Zip Code	08 17 2017 Transaction ID : SA11AI.40349			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employee	physician	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00				
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr.,  Mailing Address 7020 N. 1st	Date of Receipt				
211	09 15 2017				
City	IcAllen TX 78504				
McAllen					
FEC ID number of contributing federal political committee.	С	100.00			
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00				
Full Name of Individual (Last, First, Middle Husain, Syed, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 7020 N. 1st		10 19 2017			
City	State Zip Code	Transaction ID : SA11AI.40351			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:					
Primary General Other (specify)	1000.00				
SUBTOTAL of Receipts This Page (optional)	•	300.00			
TOTAL This Period (last page this line numb	er only)				

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	13	14		15		16		7	

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Husain, Syed, , Dr.,  Mailing Address 7020 N. 1st	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	11 17 2017  Transaction ID : SA11AI.41197						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer (for Individual) self-employee	elf-employee physician								
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Husain, Syed, , Dr., Mailing Address 7020 N. 1st	Date of Receipt								
		12 15 2017								
	City	State	Zip Code	Transaction ID : SA11AI.41198						
	McAllen	IX.	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	100.00								
	Name of Employer (for Individual) self-employee	Occup physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼									
<u> </u>	Full Name of Individual (Last, First, Middle Initial Iglesias, Norma, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 712 S. Cage			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Pharr	State TX	Zip Code 78577	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For:  Primary  General	Aggregate Ye	ear-to-Date ▼							
	Other (specify)	7	2800.00							
	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			600.00						

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	d Statements may not be sold or used by any pe the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC						
Full Name of Individual (Last, First, Middle Iglesias, Norma, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 712 S. Cage		08 17 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.40352					
Pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	3200.00						
Full Name of Individual (Last, First, Middle 3. Iglesias, Norma, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 712 S. Cage							
City	State Zip Code	09 15 2017					
Pharr	TX 78577	Transaction ID: SA11AI.40353  Amount of Each Receipt this Period					
FEC ID number of contributing		400.00					
federal political committee.	ů l						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3600.00						
Full Name of Individual (Last, First, Middle July July 1988). Iglesias, Norma, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 712 S. Cage		10 19 2017					
City	State Zip Code	Transaction ID : SA11AI.40354					
Pharr	TX 78577	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
		Memo Item					
Name of Employer (for Individual)	Occupation (for Individual) physician	contribution					
self-employed Receipt For:	Continuation						
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	4000.00						
SUBTOTAL of Receipts This Page (optional)	·	1200.00					
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Iglesias, Norma, , Dr.,  Mailing Address 712 S. Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41199  Amount of Each Receipt this Period  400.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Iglesias, Norma, , Dr.,  Mailing Address 712 S. Cage  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78577  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41200  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  O7 20 2017  Transaction ID : SA11AI.39765  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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	d Statements may not be sold or used by any pe the name and address of any political committee								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40355  Amount of Each Receipt this Period  400.00  Memo Item contribution								
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Eull Name of Individual (Last First Middle)	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  15 2017  Transaction ID: SA11Al.40356  Amount of Each Receipt this Period  400.00  Memo Item contribution							
Full Name of Individual (Last, First, Middle Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40357  Amount of Each Receipt this Period  400.00  Memo Item contribution							
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00							
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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle I Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Allen  State Zip Code TX 78503  C ID number of contributing eral political committee.  Define of Employer (for Individual) employed eipt For:  Primary General  State Zip Code 78503  C Occupation (for Individual) physician								
Full Name of Individual (Last, First, Middle I Igoa, Jose, E., Dr.,  Mailing Address 3716 S 'J' Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)   Full Name of Individual (Last, First, Middle II	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12							
Full Name of Individual (Last, First, Middle I Irigoyen, Fructueso, , Dr.,  Mailing Address 717 S. 'G' Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  350.00	Date of Receipt  07							
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	850.00							
TOTAL This Period (last page this line number	er only)								

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Irigoyen, Fructueso, , Dr., Date of Receipt Mailing Address 717 S. 'G' Street 17 2017 City Zip Code State Transaction ID: SA11AI.40358 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Irigoyen, Fructueso, , Dr., Date of Receipt Mailing Address 717 S. 'G' Street 09 15 2017 City State Zip Code Transaction ID: SA11AI.40359 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Irigoyen, Fructueso, , Dr., Date of Receipt Mailing Address 717 S. 'G' Street 10 19 2017 City State Zip Code Transaction ID: SA11AI.40360 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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				son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE BORDER HEAL	(In Full) TH FEDERAL PA	/C		
Irigoyen, Fructueso,		) or Full Orga	nization Name	Date of Receipt
Mailing Address 717 S.	'G' Street			M = M / D = D / Y = Y = Y = Y 11 17 2017
City		State	Zip Code	Transaction ID : SA11AI.41203
McAllen		TX	78504	Amount of Each Receipt this Period
FEC ID number of cont federal political committee			50.00	
Name of Employer (for	Individual)	Occupa	tion (for Individual)	Memo Item
Self employed	,	physicia	,	contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	-
Primary	General			
Other (specify) ▼		<u> </u>	550.00	
Full Name of Individual  Irigoyen, Fructues	(Last, First, Middle Initial o, , Dr.,	) or Full Orga	nization Name	Date of Receipt
Mailing Address 717 S.		12 15 2017		
City		Zip Code		
McAllen		Amount of Each Receipt this Period		
FEC ID number of cont	ributing	7 tillount of Euch Hoodipt tillo Forled		
federal political committe	•	C		50.00
Name of Employer (for Self employed	Individual)	Occupa physici	tion (for Individual) an	Memo Item contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
Primary Other (specify) ▼	General	4	600.00	
Full Name of Individual  Jacobson, Marina	(Last, First, Middle Initial	) or Full Orga	nization Name	Date of Receipt
Mailing Address 1505 [				09 15 2017
City		State	Zip Code	Transaction ID : SA11AI.40362
Mission		TX	78572	Amount of Each Receipt this Period
FEC ID number of cont	ributing			
federal political committee	•	C		25.00
Name of Employer (for	Individual)	Occupa	tion (for Individual)	Memo Item
selfemployed		private i	nvestor	contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
	General		225.00	
Other (specify)		4	225.00	
SUBTOTAL of Receipts T	his Page (optional)		<b>•</b>	125.00
TOTAL This Period (last )	page this line number on	ly)		

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Jacobson, Marina, , Ms,  Mailing Address 1505 Doherty  City Mission	Initial) or Full Organization Name  State Zip Code  TX 78572	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40363  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Jacobson, Marina, , Ms,  Mailing Address 1505 Doherty  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41205  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Jacobson, Marina, , Ms,  Mailing Address 1505 Doherty  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  300.00	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	er only)	

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				son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTE BORDER HEAL	E (In Full) _TH FEDERAL PA	AC		
Jain, Dinesk, , Dr.,	I (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 6208	N. Cynthia			07 20 2017 _
City		State	Zip Code	Transaction ID : SA11AI.39768
McAllen		TX	78504	Amount of Each Receipt this Period
FEC ID number of confederal political commit	0		50.00	
Name of Employer (for	Individual)	Occupa	tion (for Individual)	Memo Item
Self employed		physicia	an	contribution
Receipt For:  Primary  Other (specify)	General			
Full Name of Individua 3. Jain, Dinesk, , Dr  Mailing Address 6208 I		l) or Full Orga	nization Name	Date of Receipt
Walling Address 6206	N. Cynthia	08 17 2017		
City		State	Zip Code	Transaction ID : SA11AI.40364
McAllen		TX	78504	Amount of Each Receipt this Period
FEC ID number of confederal political commit	•	С		50.00
Name of Employer (for Self employed	r Individual)	Occupa physici	tion (for Individual) an	Memo Item contribution
Receipt For: Primary Other (specify)	General	Aggregate Yea	ar-to-Date ▼ 400.00	
Full Name of Individua	I (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 6208				09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen		State TX	Zip Code 78504	Transaction ID : SA11AI.40365
FEC ID number of confederal political commit	•	C	70004	Amount of Each Receipt this Period  50.00
Name of Employer (for Self employed	Individual)	Occupa physicia	tion (for Individual)	Memo Item
Receipt For:		Aggregate Yea		-
Primary Other (specify)	General	Aggrogate 16th	450.00	
SUBTOTAL of Receipts	This Page (optional)		<b>&gt;</b>	150.00
TOTAL This Period (last	page this line number on	ıly)		1 1 40 1 1 40 1 1 40 1

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Jain, Dinesk, , Dr.,  Mailing Address 6208 N. Cynthia  City McAllen  FEC ID number of contributing federal political committee.	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt  10
Name of Employer (for Individual)  Self employed  Receipt For:  Primary General  Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Jain, Dinesk, , Dr.,  Mailing Address 6208 N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41207  Amount of Each Receipt this Period  50.00  Memo Item contribution
Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle	550.00 Initial) or Full Organization Name	
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed Receipt For: Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   600.00	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon		07 20 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.39769				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	1400.00					
Full Name of Individual (Last, First, Middle I Jinenez-Flores, Danielle, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon	08 17 2017					
City	City State Zip Code					
Edinburg	Edinburg TX 78539					
FEC ID number of contributing federal political committee.	С	200.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00					
Full Name of Individual (Last, First, Middle II)  Jinenez-Flores, Danielle, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40368				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify)	1800.00					
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line numbe	er only)					

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	Statements may not be sold or used by any pel ne name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle Ir Jinenez-Flores, Danielle, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40369				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	2000.00					
Full Name of Individual (Last, First, Middle Ir Jinenez-Flores, Danielle, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon	11 17 2017					
City	Transaction ID : SA11AI.41209					
Edinburg						
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2200,00					
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 4212 Lebanon		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41210				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	200.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	' '					
Primary General	Aggregate rear-tu-Date V					
Other (specify)	2400.00					
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line number	· only)					

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562

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or for commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC		
Full Name of Individual (Last, First, Middle Initi. Jordan, Belinda, , Dr.,	al) or Full Orgai	nization Name	Date of Receipt
Mailing Address 2621 Trenton			07 20 / 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.39770
Edinburg	1^	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
self-employed	physicia	an	contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	7	350.00	
Full Name of Individual (Last, First, Middle Initi  3. Jordan, Belinda, , Dr.,	al) or Full Orga	nization Name	Date of Receipt
Mailing Address 2621 Trenton			08 17 2017
City	State	Zip Code	Transaction ID : SA11AI.40370
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) self-employed	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	400.00	
Full Name of Individual (Last, First, Middle Initi D. Jordan, Belinda, , Dr.,	al) or Full Orga	nization Name	Date of Receipt
Mailing Address 2621 Trenton			09 15 2017
City	State	Zip Code	Transaction ID : SA11AI.40371
Edinburg	TX	78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) self-employed	Occupat	tion (for Individual)	Memo Item contribution
Receipt For:	Aggregate Yea		
Primary General	. 1991 09010 100		
Other (specify)		450.00	
SUBTOTAL of Receipts This Page (optional)			150.00
TOTAL This Period (last page this line number o	only)		

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jordan, Belinda, , Dr., Date of Receipt Mailing Address 2621 Trenton 10 19 2017 City Zip Code State Transaction ID: SA11AI.40372 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jordan, Belinda, , Dr., Date of Receipt Mailing Address 2621 Trenton 17 2017 11 City State Zip Code Transaction ID: SA11AI.41211 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jordan, Belinda, , Dr., Date of Receipt Mailing Address 2621 Trenton 12 15 2017 City Zip Code State Transaction ID: SA11AI.41212 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Joule, Donna, , ,  Mailing Address 708 S H Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40374  Amount of Each Receipt this Period  25.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Joule, Donna, , , Mailing Address 708 S H Street  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date   250.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40375  Amount of Each Receipt this Period  25.00  Memo Item contribution
City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date  275.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	er only)	

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	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Joule, Donna, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 708 S H Street		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41214				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00	]				
Full Name of Individual (Last, First, Middle	  e Initial) or Full Organization Name					
Kalaf, Nelson, , ,		Date of Receipt				
Mailing Address 5401 N. 8th Street		07 20 2017				
City	State Zip Code	Transaction ID : SA11AI.39772				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contributon				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00					
Full Name of Individual (Last, First, Middle C. Kalaf, Nelson, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street		08 17 2017				
City	State Zip Code	Transaction ID : SA11AI.40376				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item				
Receipt For:						
Primary General	Aggregate Year-to-Date ▼	9				
Other (specify)	2000.00	J				
SUBTOTAL of Receipts This Page (optional	i)	525.00				
TOTAL This Period (last page this line num	nber only)					

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or for commercial purposes, other than using	g the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40377				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contributon				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	2250.00					
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , ,	Date of Receipt					
Mailing Address 5401 N. 8th Street		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40378				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contributon				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00					
Full Name of Individual (Last, First, Middle C. Kalaf, Nelson, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5401 N. 8th Street		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.41215				
mcAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General Other (specify)	2750.00	1				
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SUBTOTAL of Receipts This Page (optional	l)	750.00				
TOTAL This Period (last page this line num	iber only)					

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	d Statements may not be sold or used by any pe the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Kalaf, Nelson, , ,  Mailing Address 5401 N. 8th Street  City mcAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41216  Amount of Each Receipt this Period  250.00  Memo Item contributon					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
Full Name of Individual (Last, First, Middle  Kanhere, Gauri, , ,  Mailing Address 2548 Palm Circle  City  rio grande city	Mailing Address 2548 Palm Circle  City State Zip Code						
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:	Occupation (for Individual) physician	Amount of Each Receipt this Period  250.00  Memo Item contribution					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00						
Full Name of Individual (Last, First, Middle Kanhere, Gauri, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.	State Zip Code 78582	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2000.00	contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00					
TOTAL This Period (last page this line numb	er only)						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Kanhere, Gauri, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2548 Palm Circle		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.40380
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 (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00.0	1
Other (specify) ▼	2250.00	
Full Name of Individual (Last, First, Middle I <b>Kanhere, Gauri</b> , , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2548 Palm Circle		10 19 2017
City	State Zip Code	Transaction ID : SA11Al.40381
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2548 Palm Circle		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41217
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$
Primary General		
Other (specify)	2750.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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	Statements may not be sold or used by any persite name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Kanhere, Gauri, , ,  Mailing Address 2548 Palm Circle	nitial) or Full Organization Name	Date of Receipt					
City	State Zip Code	12 15 2017 Transaction ID : SA11AI.41218					
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 (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
Full Name of Individual (Last, First, Middle II  Kaplan, Adolfo, , Dr.,  Mailing Address 7902 N. 2th Street	nitial) or Full Organization Name	Date of Receipt					
	La Laura	07 20 2017					
City	State Zip Code	Transaction ID : SA11AI.39774					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1400.00						
Full Name of Individual (Last, First, Middle In Kaplan, Adolfo, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 7902 N. 2th Street		08 17 2017					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40382					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	1600.00						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	650.00					
TOTAL This Period (last page this line number	r only)						

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		used by any person for the purpose of solicitin olitical committee to solicit contributions from suc	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Kaplan, Adolfo, , Dr.,	Initial) or Full Organization Nam	e Date of Receipt	
Mailing Address 7902 N. 2th Street		09 15	2017
City	State Zip Code	Transaction ID : SA11A	.40383
McAllen	TX 78504	Amount of Each Receipt t	his Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occupation (for Indiv	idual) Memo Item	
self-employed	physician	contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General  Other (specify) ▼		1800.00	
Full Name of Individual (Last, First, Middle 3. Kaplan, Adolfo, , Dr.,	Initial) or Full Organization Nam	e Date of Receipt	
Mailing Address 7902 N. 2th Street		10 19 / Y	2017
City	State Zip Code	Transaction ID : SA11AI	.40384
McAllen	TX 78504	Amount of Each Receipt t	his Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) self-employed	Occupation (for Indiv	idual) Memo Item contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		2000.00	
Full Name of Individual (Last, First, Middle C. Kaplan, Adolfo, , Dr.,	Initial) or Full Organization Nam	e Date of Receipt	
Mailing Address 7902 N. 2th Street		M M / D D / 1	2017
City McAllen	State Zip Code 78504	Transaction ID : SA11A	
	17 70304	Amount of Each Receipt t	his Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) self-employed	Occupation (for Indiv	idual) Memo Item contribution	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify)		2200.00	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line numb	er only)		

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	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC					
Full Name of Individual (Last, First, Middle Kaplan, Adolfo, , Dr.,  Mailing Address 7902 N. 2th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  12				
Full Name of Individual (Last, First, Middle Khademi, Kambiz, , Mr.,  Mailing Address P.O.Box 3422  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   78502   C	Date of Receipt  07 20 2017  Transaction ID: SA11Al.39775  Amount of Each Receipt this Period  40.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle Khademi, Kambiz, , Mr.,  Mailing Address P.O.Box 3422  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40385  Amount of Each Receipt this Period  40.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	280.00				
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Receipt For:

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Primary

General

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

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

F	OR	LINE	NU	MBER	PAGE	562			
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	X	11a		11b		11c	12		
		13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Khademi, Kambiz, , Mr., Date of Receipt Mailing Address P.O.Box 3422 15 2017 City State Zip Code Transaction ID: SA11AI.40387 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Khademi, Kambiz, , Mr., Date of Receipt Mailing Address P.O.Box 3422 10 19 2017 City State Zip Code Transaction ID: SA11AI.40388 TX 78502 McAllen Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician

Other (specify) $\blacktriangledown$		400.00	
Full Name of Individual (Last, First, Middle Ir Khademi, Kambiz, , Mr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address P.O.Box 3422	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA11AI.41221
McAllen	TX	78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
self-employed	physici	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 440.00	
	·		120.00

Aggregate Year-to-Date ▼

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	d Statements may not be sold or used by any p the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Khademi, Kambiz, , Mr.,  Mailing Address P.O.Box 3422	Initial) or Full Organization Name	Date of Receipt  12 15 2017					
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.41223  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	40.00					
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	]					
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr., Mailing Address 3435 MacQuarie Drive	Initial) or Full Organization Name	Date of Receipt					
City							
FEC ID number of contributing federal political committee.	C 78339	Amount of Each Receipt this Period  50.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	]					
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr		Date of Receipt					
Mailing Address 3435 MacQuarie Drive  City	State Zip Code	08 17 2017					
Edinburg	TX 78539	Transaction ID : SA11AI.40389  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	50.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00						
SUBTOTAL of Receipts This Page (optional).		140.00					
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Khan, Salman Muhammad, , Dr.,  Mailing Address 3435 MacQuarie Drive  City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Date of Receipt  09 15 2017  Transaction ID : SA11AI.40390  Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  450.00	Memo Item contribution
Full Name of Individual (Last, First, Middle II  Khan, Salman Muhammad, , Dr.,  Mailing Address 3435 MacQuarie Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40391  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Khan, Salman Muhammad, , Dr. Mailing Address 3435 MacQuarie Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)		Date of Receipt  11 17 2017  Transaction ID: SA11AI.41224  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	·····	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Khan, Salman Muhammad, , Dr.,	Initial) or Full Organization	Name	Date of Receipt			
Mailing Address 3435 MacQuarie Drive			12 15 2017			
City	State Zip Cod	F	Transaction ID : SA11AI.41225			
Edinburg	TX 78539	)	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) self-employed	Occupation (for physician	Individual)	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	600.00				
Full Name of Individual (Last, First, Middle Kiani, Gholam, , ,	Initial) or Full Organization	Name	Date of Receipt			
Mailing Address 213 e. Xenops  City	State Zip Coo	No.	07 20 2017			
mcallen	State Zip Cod TX 78504	- H	Transaction ID: SA11AI.39777  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) selfemployed	Occupation (for physician	Individual)	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1750.00				
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization	Name	Date of Receipt			
Mailing Address 213 e. Xenops			08			
City mcallen	State Zip Cod TX 78504		Transaction ID : SA11AI.40392  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) selfemployed	Occupation (for physician	Individual)	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	2000.00				
SUBTOTAL of Receipts This Page (optional	)		550.00			
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Kiani, Gholam, , ,  Mailing Address 213 e. Xenops		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40393
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2250.00	Contribution
Full Name of Individual (Last, First, Middle Kiani, Gholam, , ,  Mailing Address 213 e. Xenops	Date of Receipt	
City mcallen	State Zip Code TX 78504	10 19 2017  Transaction ID : SA11Al.40394
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name of Individual (Last, First, Middle C. Kiani, Gholam, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 213 e. Xenops		11 17 2017
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41226  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼  2750.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line numb	er only)	

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	Statements may not be sold or used by any per he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Kiani, Gholam, , ,  Mailing Address 213 e. Xenops  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  3000.00	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41227  Amount of Each Receipt this Period  250.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle I Kiker, John, , Mr.,  Mailing Address 416 N. 17th Street  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle I	State Zip Code 78537  C  Occupation (for Individual) physician  Aggregate Year-to-Date   350.00	Date of Receipt  O7 20 2017  Transaction ID: SA11Al.39778  Amount of Each Receipt this Period  50.00  Memo Item contribution				
City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  Other (specify)	State   Zip Code   78537   C	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40395  Amount of Each Receipt this Period  50.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	350.00				
TOTAL This Period (last page this line number	er only)					

F						PAGE 246 OF 362					
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name of Individual (Last, First, Middle Init Kiker, John, , Mr.,  Mailing Address 416 N. 17th Street	tial) or Full Organization Name	Date of Receipt
City Donna	State Zip Code TX 78537	09 15 2017  Transaction ID : SA11AI.40396  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed Receipt For: Primary General	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution
Full Name of Individual (Last, First, Middle Inita. Kiker, John, , Mr.,	tial) or Full Organization Name	Date of Receipt
Mailing Address 416 N. 17th Street  City  Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code 78537  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Transaction ID: SA11AI.40397 Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Init Kiker, John, , Mr.,  Mailing Address 416 N. 17th Street  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General	State Zip Code TX 78537  C  Occupation (for Individual) physician  Aggregate Year-to-Date   Aggregate Year-to-Date	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41228  Amount of Each Receipt this Period  50.00  Memo Item contribution
Other (specify)  SUBTOTAL of Receipts This Page (optional)	550.00	150.00
TOTAL This Period (last page this line number	<u> </u>	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Kiker, John, , Mr.,  Mailing Address 416 N. 17th Street  City Donna  FEC ID number of contributing	State Zip Code TX 78537	Date of Receipt  12
Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt For:  General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   600.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Klenz, Mary Elizabeth, , ,  Mailing Address 5111 N. 10th Street  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39779  Amount of Each Receipt this Period  150.00  Memo Item contribution
Other (specify) ▼  Full Name of Individual (Last, First, Middle In Klenz, Mary Elizabeth, , ,  Mailing Address 5111 N. 10th Street  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   physician   Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<u> </u>	350.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FED	DERAL PAC	
Full Name of Individual (Last, First, Klenz, Mary Elizabeth, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Stree	et	09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40399
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	1350.00	
Full Name of Individual (Last, First, Klenz, Mary Elizabeth, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Stree		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.40400
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name of Individual (Last, First, C. Klenz, Mary Elizabeth, , ,	Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5111 N. 10th Stree	et	11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41230
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify)	1650.00	
<u> </u>	optional)	450.00
<b>TOTAL</b> This Period (last page this lin	ne number only)	

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	nd Statements may not be sold or used by any peg the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Klenz, Mary Elizabeth, , ,	Date of Receipt					
Mailing Address 5111 N. 10th Street	12 15 2017					
City	State Zip Code	Transaction ID : SA11AI.41231				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1800.00					
Full Name of Individual (Last, First, Middlast, Kutugata, Jorge, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address Rt 2 Box 522-K		07 20 / Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.39780				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1750.00					
Full Name of Individual (Last, First, Middle). Kutugata, Jorge, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address Rt 2 Box 522-K		08 17 2017				
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.40401				
-	70090	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	EC ID number of contributing deral political committee.					
Name of Employer (for Individual) selfemployed	employed physician					
Receipt For:						
Primary General Other (specify)	2000.00					
SUBTOTAL of Receipts This Page (optional	)) <b>&gt;</b>	650.00				
TOTAL This Period (last page this line num	nber only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , , Mailing Address Rt 2 Box 522-K  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40402  Amount of Each Receipt this Period  250.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , ,  Mailing Address Rt 2 Box 522-K  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   The state of the sta	Date of Receipt  10 19 2017  Transaction ID : SA11Al.40403  Amount of Each Receipt this Period  250.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle Kutugata, Jorge, , ,  Mailing Address Rt 2 Box 522-K  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41232  Amount of Each Receipt this Period  250.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:					PAGE	2	51 OF	,	562		
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	eports and Statements may not be sold or used by any personan using the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FE	DERAL PAC					
Full Name of Individual (Last, Fire Kutugata, Jorge, , ,  Mailing Address Rt 2 Box 522-K	Date of Receipt					
		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41233				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00					
Leal, Ramiro, , ,	st, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 601 Tulip	Chata Zin Code	07 20 / Y Y Y Y Y Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.39782  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00					
Full Name of Individual (Last, Fir. Leal, Ramiro, , ,	st, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 601 Tulip		08 17 2017				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40407  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00					
SUBTOTAL of Receipts This Page	(optional)	350.00				
TOTAL This Period (last page this	line number only)					

FOR LINE NUMBER:					PAGE	2	52 OF	;	562	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , , Mailing Address 601 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  99 15 2017  Transaction ID : SA11Al.40408  Amount of Each Receipt this Period  50.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Leal, Ramiro, , ,  Mailing Address 601 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40409  Amount of Each Receipt this Period  50.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Leal, Ramiro, , , Mailing Address 601 Tulip  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41236  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Leal, Ramiro, , ,  Mailing Address 601 Tulip	Date of Receipt						
City	mcallen TX 78504						
FEC ID number of contributing federal political committee.	federal political committee.						
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution					
Primary General Other (specify) ▼	600.00						
Full Name of Individual (Last, First, Middle In Ledesma, Raul, , Dr.,  Mailing Address 5508 N. 1st Street	nitial) or Full Organization Name	Date of Receipt					
City	State Zip Code						
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00						
Full Name of Individual (Last, First, Middle In Ledesma, Raul, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 5508 N. 1st Street  City	State Zip Code	08 17 2017  Transaction ID : SA11AI.40410					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  800.00						
SUBTOTAL of Receipts This Page (optional)	<b></b>	250.00					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER:					PAGE	2	54 OF	,	562
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Ledesma, Raul, , Dr.,  Mailing Address 5508 N. 1st Street	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City McAllen	Transaction ID : SA11AI.40411	
FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00	contribution
Full Name of Individual (Last, First, Middle I Ledesma, Raul, , Dr.,  Mailing Address 5508 N. 1st Street	Date of Receipt  10 19 2017	
City	Transaction ID : SA11AI.40412	
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name of Individual (Last, First, Middle I Ledesma, Raul, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5508 N. 1st Street		11 17 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.41238
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	300.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	2	55 OF	 562	
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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Ledesma, Raul, , Dr.,	Initial) or Full Organization	Name	Date of Receipt				
Mailing Address 5508 N. 1st Street	12 15 2017						
City	State Zip Co	de	Transaction ID : SA11AI.41239				
McAllen	TX 7850	4	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual)	Occupation (for	Individual)	Memo Item				
self-employed	physician		contribution				
Receipt For:  Primary General  Other (specify) ▼							
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Initial) or Full Organization	Name	Date of Receipt				
Mailing Address 124 Canary	07 20 2017						
City	Transaction ID : SA11AI.39784						
McAllen	Allen TX 78504						
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) self-employed	Occupation (for physician	Individual)	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 350.00					
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Initial) or Full Organization	Name	Date of Receipt				
Mailing Address 124 Canary			08 17 2017				
City McAllen	State Zip Co TX 78504		Transaction ID : SA11AI.40413  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) self-employed	Occupation (for physician	Individual)	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Dat	e ▼ 400.00					
SUBTOTAL of Receipts This Page (optional)		·····	200.00				
TOTAL This Period (last page this line numb	er only)						

FOR LINE NUMBER:					PAGE	2	56 OF	562	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC						
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Date of Receipt						
Mailing Address 124 Canary		09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40414					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual)	Occupation (for Individual	) Memo Item					
self-employed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼		450.00					
	7 7	40.					
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 124 Canary	10 19 2017						
City	Transaction ID : SA11AI.40415						
McAllen	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	50.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual physician	) Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼		500.00					
Full Name of Individual (Last, First, Middle Lema, Rodrigo, , Dr.,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 124 Canary		11 17 2017					
City	State Zip Code	Transaction ID : SA11AI.41240					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	50.00					
Name of Employer (for Individual) self-employed	) Memo Item contribution						
Receipt For:	physician	Sommodion					
Primary General	Aggregate rear-to-Date v						
Other (specify)		550.00					
SUBTOTAL of Receipts This Page (optional)		150.00					
TOTAL This Period (last page this line numb	er only)						

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Lema, Rodrigo, , Dr.,  Mailing Address 124 Canary  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  Other (specify)   General	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41241  Amount of Each Receipt this Period  50.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle I Lin, Rick, , Dr.,  Mailing Address 5112 N. 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)   This is the first of the fi	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40423  Amount of Each Receipt this Period  25.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle I Lin, Rick, , Dr.,  Mailing Address 5112 N. 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   physician   Aggregate Year-to-Date   250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40424  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Lin, Rick, , Dr.,  Mailing Address 5112 N. 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41246  Amount of Each Receipt this Period  25.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Ir Lin, Rick, , Dr.,  Mailing Address 5112 N. 10th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle Ir	Date of Receipt  12	
City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date   225.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40426  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
Full Name of Individual (Last, First, Middle In Linan, Enrique, , Dr.,  Mailing Address 3003 Santo Olivia	nitial) or Full Orga	nization Name	Date of Receipt					
City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify) ▼	State TX  C  Occupa physicia Aggregate Yea	Transaction ID: SA11AI.40427  Amount of Each Receipt this Period  25.00  Memo Item contribution						
Full Name of Individual (Last, First, Middle In Linan, Enrique, , Dr.,  Mailing Address 3003 Santo Olivia  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify) ▼	State TX	Zip Code 78572 Ition (for Individual) an	Date of Receipt  11 17 2017  Transaction ID : SA11Al.41248  Amount of Each Receipt this Period  25.00  Memo Item contribution					
Full Name of Individual (Last, First, Middle In Linan, Enrique, , Dr.,  Mailing Address 3003 Santo Olivia  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  Other (specify)	State TX	Zip Code 78572 tion (for Individual)	Date of Receipt  12					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	75.00					
TOTAL This Period (last page this line number	r only)	<b>&gt;</b>						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Linebarger, Dale, , ,  Mailing Address 901 West 9th Street	itial) or Full Organization Name	Date of Receipt			
#405		07 20 2017			
City	State Zip Code	Transaction ID : SA11AI.39789			
austin	TX 78703	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed	private investor	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00				
Full Name of Individual (Last, First, Middle In Linebarger, Dale, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 901 West 9th Street		08 17 2017			
#405 City	State Zip Code				
austin	TX 78703	Transaction ID : SA11AI.40428  Amount of Each Receipt this Period			
_	Amount of Each neceipt this Feriod				
federal political committee.	FEC ID number of contributing federal political committee.				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00				
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt			
Mailing Address 901 West 9th Street #405		09 15 2017			
City	State Zip Code	Transaction ID : SA11AI.40429			
austin	TX 78703	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:					
Primary General Other (specify)	Aggregate Year-to-Date ▼  3600.00				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	, 1200.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name of Individual (Last, First, Mid Linebarger, Dale, , ,	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 901 West 9th Street #405		10 19 2017					
City	State Zip Code	Transaction ID : SA11AI.40430					
austin	TX 78703	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) self-employed							
Receipt For:  Primary General  Other (specify) ▼							
Full Name of Individual (Last, First, Mid  Linebarger, Dale, , ,  Mailing Address 901 West 9th Street	dle Initial) or Full Organization Name	Date of Receipt					
#405	11 17 2017						
City	Transaction ID : SA11AI.41250						
austin	TX 78703	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00						
Full Name of Individual (Last, First, Mid	dle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 901 West 9th Street #405		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.41251					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  400.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4800.00						
SUBTOTAL of Receipts This Page (option	nal)	1200.00					
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FOR LINE NUMBER: PAGE 262 OF 562

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC						
Full Name of Individual (Last, First, Minimum, Linsangan, Linette, , Dr.,		Date of Receipt					
Mailing Address 105 E. Yellowhammer		07 20 2017					
City	State Zip Code	Transaction ID : SA11AI.39790					
McAllen	TX 78504	_ Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employed	physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00						
Full Name of Individual (Last, First, Mi							
Linsangan, Linette, , Dr.,		Date of Receipt					
Mailing Address 105 E. Yellowhammer	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	Transaction ID : SA11Al.40431						
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	800,00						
Full Name of Individual (Last, First, Mic. Linsangan, Linette, , Dr.,	ddle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 105 E. Yellowhammer		09 15 2017					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40432					
-	70004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual)	Memo Item contribution					
Receipt For:	physician						
Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (option	onal)	300.00					
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FOR LINE NUMBER:						PAGE	2	63 OF	;	562	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr.,  Mailing Address 105 E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)   Other (specify)	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40433  Amount of Each Receipt this Period  100.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr.,  Mailing Address 105 E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  General  Other (specify)	State TX Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1100.00	Date of Receipt  11
Full Name of Individual (Last, First, Middle In Linsangan, Linette, , Dr.,  Mailing Address 105 E. Yellowhammer  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State   Zip Code   TX   78504   C    Occupation (for Individual)   physician   Aggregate Year-to-Date   1200.00	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initia Lizardo, Segundo, , Mr.,  Mailing Address 800 Amethyst Drive  City	al) or Full Org	anization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	Weslaco FEC ID number of contributing federal political committee.	TX C	78596	Amount of Each Receipt this Period  25.00						
	Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution								
В.	Full Name of Individual (Last, First, Middle Initial Lizardo, Segundo, , Mr., Mailing Address 800 Amethyst Drive	Date of Receipt  10 19 2017								
	City Weslaco FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	Transaction ID : SA11AI.40436  Amount of Each Receipt this Period  25.00						
	Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution						
C.	Full Name of Individual (Last, First, Middle Initial Lizardo, Segundo, , Mr.,  Mailing Address 800 Amethyst Drive	al) or Full Org	anization Name	Date of Receipt						
	City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General	State TX  C  Occup physic  Aggregate Ye		Transaction ID : SA11AI.41254  Amount of Each Receipt this Period  25.00  Memo Item contribution						
H	Other (specify)  SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			75.00						

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Lizardo, Segundo, , Mr.,  Mailing Address 800 Amethyst Drive  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed Receipt For:	State Zip Code 78596  C Occupation (for Individual) physician	Date of Receipt  12				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle I Loggiodice, Nelson, , Mr.,  Mailing Address 3098 N. Jackson Rd  City Pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39793  Amount of Each Receipt this Period  30.00				
Name of Employer (for Individual) Self employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) investor  Aggregate Year-to-Date ▼  210.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle I Loggiodice, Nelson, , Mr.,  Mailing Address 3098 N. Jackson Rd  City Pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78577  C  Occupation (for Individual) investor  Aggregate Year-to-Date  240.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	85.00				
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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loggiodice, Nelson, , Mr., Date of Receipt Mailing Address 3098 N. Jackson Rd 15 2017 City State Zip Code Transaction ID: SA11AI.40441 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loggiodice, Nelson, , Mr., Date of Receipt Mailing Address 3098 N. Jackson Rd 10 19 2017 City State Zip Code Transaction ID: SA11AI.40442 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Loggiodice, Nelson, , Mr., Date of Receipt Mailing Address 3098 N. Jackson Rd 17 2017 City State Zip Code Transaction ID: SA11AI.41258 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed investor Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loggiodice, Nelson, , Mr., Date of Receipt Mailing Address 3098 N. Jackson Rd 15 2017 City Zip Code State Transaction ID: SA11AI.41259 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 07 2017 E. Yellowhammer City State Zip Code Transaction ID: SA11AI.39794 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 17 2017 E. Yellowhammer City State Zip Code Transaction ID: SA11AI.40443 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 E. Yellowhammer 15 2017 City Zip Code State Transaction ID: SA11AI.40444 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 10 19 2017 E. Yellowhammer City State Zip Code Transaction ID: SA11AI.40445 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Loja, Wilmer, , Dr., Date of Receipt Mailing Address 105 17 2017 E. Yellowhammer City State Zip Code Transaction ID: SA11AI.41260 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify)

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FOR LINE NUMBER:				PAGE	2	69 OF	562		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Loja, Wilmer, , Dr.,  Mailing Address 105  E. Yellowhammer  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  General  Other (specify)	State TX Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1200.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41261  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  700.00	Date of Receipt  07 20 2017  Transaction ID : SA11AI.39796  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  800.00	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40449  Amount of Each Receipt this Period  100.00  Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  M M J J J J J J J J J J J J J J J J J
Full Name of Individual (Last, First, Middle Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40451  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1100.00	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41264  Amount of Each Receipt this Period  100.00  Memo Item contribution
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Lopez, Alfredo, , ,  Mailing Address 7609 N. 24th Circle  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  1200.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41265  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Lopez, Julio, , ,  Mailing Address 1311 6th E. Street  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify) ▼	State Zip Code TX 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  225.00	Date of Receipt  15 2017  Transaction ID: SA11Al.40453  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Lopez, Julio, , , , Mailing Address 1311 6th E. Street  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date  250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40454  Amount of Each Receipt this Period  25.00  Memo Item contribution
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12 Detailed Summary Page 13 14 15 16

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name of Individual (Last, First, Middle Inita.  Lopez, Pamela, , Ms,  Mailing Address 413 N. Gay Drive	tial) or Full Organization Name	Date of Receipt
		09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40456
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	225.00	
Full Name of Individual (Last, First, Middle Inital)  Lopez, Pamela, , Ms,	tial) or Full Organization Name	Date of Receipt
Mailing Address 413 N. Gay Drive		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40457
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 413 N. Gay Drive		11 17 2017
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.41266  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	275.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
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FOR LINE NUMBER:				PAGE	2	73 OF	,	562		
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Lopez, Pamela, , Ms,  Mailing Address 413 N. Gay Drive	al) or Full Orga	anization Name	Date of Receipt  12 15 2017							
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41267							
	Pharr FEC ID number of contributing federal political committee.	С	78577	Amount of Each Receipt this Period  25.00							
	Name of Employer (for Individual) self-employed Receipt For: Primary General	Occupa physic Aggregate Ye		Memo Item contribution							
— В.	Full Name of Individual (Last, First, Middle Initial Lozano, Sergio, , Dr.,	al) or Full Orga	45 46 1	Date of Receipt							
	Mailing Address 2309 Spicewood Drive  City	09 15 2017  Transaction ID : SA11AI.40459									
	Weslaco FEC ID number of contributing federal political committee.	ТХ	78596	Amount of Each Receipt this Period  25.00							
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00								
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Lozano, Sergio, , Dr.,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address 2309 Spicewood Drive			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.40460  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		25.00							
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution							
	Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			75.00							

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Lozano, Sergio, , Dr.,  Mailing Address 2309 Spicewood Drive	<del>-</del>						
			11 17 2017				
City	State	Zip Code	Transaction ID : SA11AI.41268				
Weslaco	TX	78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
selfemployed	physici	an	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle In Lozano, Sergio, , Dr.,	nitial) or Full Orga	45 45	Date of Receipt				
Mailing Address 2309 Spicewood Drive	12 15 2017						
City	State	Zip Code	Transaction ID : SA11AI.41269				
Weslaco	TX	78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle In Mangi, Salil, , ,	nitial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 3801 Sundown Court East		7	07 20 / Y = Y = Y = Y = Y				
City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.39801				
	1/	10000	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
selfemployed	physicia	an	contribution				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (optional)			300.00				
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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC .						
١.	Full Name of Individual (Last, First, Middle Initial Mangi, Salil, , ,  Mailing Address 3801 Sundown Court East	Date of Receipt						
				08 17 2017				
	City	State Zip Code		Transaction ID : SA11AI.40464				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occupa	tion (for Individual) an	Memo Item				
	December Ferm	Aggregate Yea						
3.	Full Name of Individual (Last, First, Middle Initial Mangi, Salil, , ,  Mailing Address 3801 Sundown Court East	Date of Receipt						
	City	State	Zip Code	09 15 2017				
	mcallen	TX	78503	Transaction ID : SA11AI.40465  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual)	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 2250.00					
	Full Name of Individual (Last, First, Middle Initial Mangi, Salil, , ,	) or Full Orga	nization Name	Date of Receipt				
	Mailing Address 3801 Sundown Court East			10 19 2017				
	City mcallen	State TX	Zip Code 78503	Transaction ID : SA11AI.40466  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2500.00					
s	UBTOTAL of Receipts This Page (optional)			750.00				
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NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL I	PAC				
Full Name of Individual (Last, First, Middle Ini Mangi, Salil, , ,  Mailing Address 3801 Sundown Court East	tial) or Full Organization Name	Date of Receipt			
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.41272			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer (for Individual) selfemployed Receipt For: Primary General	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution			
Other (specify) ▼  Full Name of Individual (Last, First, Middle Ini	2750.00 tial) or Full Organization Name				
Mangi, Salil, , ,  Mailing Address 3801 Sundown Court East	Date of Receipt  12 15 2017				
City mcallen  FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.41273  Amount of Each Receipt this Period  250.00  Memo Item			
federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)				
selfemployed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  3000.00	contribution			
Full Name of Individual (Last, First, Middle Ini  Mangoo-Karim, Roberto, M., Dr.,	tial) or Full Organization Name	Date of Receipt			
Mailing Address 3817 Sundown Ct  City McAllen	State Zip Code TX 78503	07 20 2017  Transaction ID : SA11AI.39802  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 875.00				
SUBTOTAL of Receipts This Page (optional)	<u> </u>	625.00			
TOTAL This Period (last page this line number	only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Mangoo-Karim, Roberto, M., Dr.,  Mailing Address 3817 Sundown Ct  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name of Individual (Last, First, Middle  Mangoo-Karim, Roberto, M., Dr.,  Mailing Address 3817 Sundown Ct  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Self-New of Individual)	State Zip Code 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1125.00	Date of Receipt  M M
Full Name of Individual (Last, First, Middle Mangoo-Karim, Roberto, M., Dr. Mailing Address 3817 Sundown Ct  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)		Date of Receipt  10 19 2017  Transaction ID: SA11AI.40469  Amount of Each Receipt this Period  125.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	375.00
TOTAL This Period (last page this line number	er only)	

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 11 17 2017 City Zip Code State Transaction ID: SA11AI.41274 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangoo-Karim, Roberto, M., Dr., Date of Receipt Mailing Address 3817 Sundown Ct 15 2017 City State Zip Code Transaction ID: SA11AI.41275 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Manrique, Carlos, , , Date of Receipt Mailing Address 116 Cardinal 20 2017 City Zip Code State Transaction ID: SA11AI.39803 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Manrique, Carlos, , ,  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3200.00	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40470  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Manrique, Carlos, , , Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Self Name of Latinidad (Last, First, Middle	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M 9
Full Name of Individual (Last, First, Middle Manrique, Carlos, , ,  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40472  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	1200.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Manrique, Carlos, , ,  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41276  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle  Manrique, Carlos, , ,  Mailing Address 116 Cardinal  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Cardinal	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle Marquez, Guillermo, , ,  Mailing Address 1702 Trinity Road  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  M 7 20 2017  Transaction ID : SA11AI.39804  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	••••••••••••••••••••••••••••••••••••••	1200.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , ,  Mailing Address 1702 Trinity Road	al) or Full Orga	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State	Zip Code 78572	Transaction ID : SA11AI.40473
	FEC ID number of contributing federal political committee.	C	70072	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initia Marquez, Guillermo, , ,  Mailing Address 1702 Trinity Road	al) or Full Orga	45 1 45 1	Date of Receipt
	City mission	09 15 2017  Transaction ID : SA11AI.40474  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	78572	400.00
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3600.00	
<del>-</del>	Full Name of Individual (Last, First, Middle Initial Marquez, Guillermo, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 1702 Trinity Road			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40475  Amount of Each Receipt this Period
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	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupa physici Aggregate Ye		Memo Item contribution
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562

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name of Individual (Last, First, Midd Marquez, Guillermo, , , Mailing Address 1702 Trinity Road	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1702 Hillity Road	walling Address 1702 Finity Road						
City	State Zip Code	Transaction ID : SA11AI.41278					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00						
Full Name of Individual (Last, First, Midd Marquez, Guillermo, , ,  Mailing Address 1702 Trinity Road	le Initial) or Full Organization Name	Date of Receipt					
		12 15 2017					
City	State Zip Code TX 78572	Transaction ID : SA11AI.41279					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00						
Full Name of Individual (Last, First, Midd . Martinez, Agustin, , ,	le Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7603 N. 2nd Lane		07 20 2017					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.39805					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00					
	Momo Itom						
Name of Employer (for Individual) selfemployed	Memo Item contribution						
Receipt For:	physician  Aggregate Year-to-Date ▼						
Primary General Other (specify)	2800.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle Martinez, Agustin, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7603 N. 2nd Lane	Mailing Address 7603 N. 2nd Lane						
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40476					
	76304	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:    Primary   General	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3200.00	]					
Full Name of Individual (Last, First, Middle Martinez, Agustin, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7603 N. 2nd Lane		09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40477					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ÿ						
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00						
Full Name of Individual (Last, First, Middle C. Martinez, Agustin, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7603 N. 2nd Lane		10 19 2017					
City	State Zip Code	Transaction ID : SA11AI.40478					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	— · · · · · · · · · · · · · · · · · · ·					
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Martinez, Agustin, , ,  Mailing Address 7603 N. 2nd Lane  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41280  Amount of Each Receipt this Period  400.00  Memo Item contribution
Tell Name of Individual (Last, First, Middle Martinez, Agustin, , , Mailing Address 7603 N. 2nd Lane  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed	A400.00  Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician	Date of Receipt  12
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	
Full Name of Individual (Last, First, Middle Martinez, Ricardo, , ,  Mailing Address 1903 W. Smith  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt    Mark
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Martinez, Ricardo, , ,  Mailing Address 1903 W. Smith	nitial) or Full Organization Name	Date of Receipt					
City	State Zip Code TX 78539	Transaction ID : SA11AI.40479  Amount of Each Receipt this Period					
edinburg							
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	3200.00						
Full Name of Individual (Last, First, Middle II  Martinez, Ricardo, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1903 W. Smith		09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40480					
edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00						
Full Name of Individual (Last, First, Middle In Martinez, Ricardo, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1903 W. Smith		10 19 2017					
City	State Zip Code	Transaction ID : SA11AI.40481					
edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	lfemployed physician						
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼						
Primary General Other (specify)	4000.00						
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Martinez, Ricardo, , ,  Mailing Address 1903 W. Smith	nitial) or Full Organization Name	Date of Receipt					
City	State Zip Code	Transaction ID : SA11AI.41282					
edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.	.00					
Full Name of Individual (Last, First, Middle In Martinez, Ricardo, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 1903 W. Smith	le:	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City edinburg	State Zip Code 78539	Transaction ID : SA11AI.41283					
	1.0000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800	.00					
Full Name of Individual (Last, First, Middle In Martinez, Robert, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 2809 Santa Lydia		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Mission	State Zip Code 78572	Transaction ID : SA11AI.39807					
	10012	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
self-employee Receipt For:	physician	contribution					
Primary General	Aggregate Year-to-Date ▼						
Other (specify)	700	.00					
SUBTOTAL of Receipts This Page (optional)		900.00					
TOTAL This Period (last page this line number	only)						

F	OR	LINE	NU	MBER	PAGE	2	87 OF		562	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pare name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Martinez, Robert, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2809 Santa Lydia		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40482				
	1007/2	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee	physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00					
Full Name of Individual (Last, First, Middle Ir Martinez, Robert, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2809 Santa Lydia	Tau.	09 15 2017				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40483  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	]				
Full Name of Individual (Last, First, Middle In Martinez, Robert, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2809 Santa Lydia		10 19 2017				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40484  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	r only)					

FOR LINE NUMBER:						PAGE 288 OF			: ;	562
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	d Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Martinez, Robert, , Dr.,	Date of Receipt					
Mailing Address 2809 Santa Lydia	11 17 2017					
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.41284				
	10072	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Memo Item contribution				
Name of Employer (for Individual)	Occupation (for Individual)					
self-employee	physician					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1100.00					
Full Name of Individual (Last, First, Middle 3. Martinez, Robert, , Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2809 Santa Lydia		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41285				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	1200.00					
	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name  Mata, Israel, , Dr.,  lailing Address 2601 Lakeshore Drive					
Mailing Address 2601 Lakeshore Drive						
City	State Zip Code	Transaction ID : SA11AI.39808				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00  Memo Item contributon				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	350.00					
SUBTOTAL of Receipts This Page (optional)		250.00				
TOTAL This Period (last page this line numb	per only)					

FOR LINE NUMBER:				PAGE	2	89 OF	562		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle In Mata, Israel, , Dr.,  Mailing Address 2601 Lakeshore Drive	nitial) or Full Orga	nization Name	Date of Receipt	
		Taras	08 17 2017	
City	State TX	Zip Code 78539	Transaction ID : SA11AI.40485	
Edinburg	1/	10003	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual)		ation (for Individual)	Memo Item	
self-employed	physicia	an	contributon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00		
Full Name of Individual (Last, First, Middle In Mata, Israel, , Dr.,	ı nitial) or Full Orga	ınization Name	Date of Receipt	
Mailing Address 2601 Lakeshore Drive			09 15 2017	
City	State	Zip Code	Transaction ID : SA11AI.40486	
Edinburg	TX	78539	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual)	Memo Item contributon	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 450.00		
Full Name of Individual (Last, First, Middle In	nitial) or Full Orga	inization Name	Date of Receipt	
Mailing Address 2601 Lakeshore Drive			10 19 19 2017	
City Ediphura	State TX	Zip Code	Transaction ID : SA11AI.40487	
Edinburg	1/	78539	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer (for Individual)				
self-employed	Descript Form			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)			150.00	
TOTAL This Period (last page this line number				

FOR LINE NUMBER:				PAGE	2	90 OF	,	562		
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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Mata, Israel, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 2601 Lakeshore Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.41286
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	self-employed	physi	cian	contributon
	Receipt For:  Primary General  Other (specify) ▼	1.,	/ear-to-Date ▼ 550.00	
В.	Full Name of Individual (Last, First, Middle Initial Mata, Israel, , Dr.,	Date of Receipt		
	Mailing Address 2601 Lakeshore Drive			12 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.41287
	Edinburg	TX	78539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) self-employed	Occuphys	pation (for Individual) ician	Memo Item contributon
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼		600.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Mata, Nelson, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt
	Mailing Address 1705 Palazzo			07 20 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.39809
	Mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual)	pation (for Individual)	Memo Item	
	self-employed	physic	cian	contribution
	Receipt For:	1	/ear-to-Date ▼	
	Primary General Other (specify)		700.00	
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u> </u>	200.00

FOR LINE NUMBER:				PAGE	2	91 OF	,	562		
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		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERA	_ PAC	
Full Name of Individual (Last, First, Middle Mata, Nelson, , Dr.,  Mailing Address 1705 Palazzo	Initial) or Full Organization Name	Date of Receipt
City	Ctoto Zim O 1	08 17 2017
City Mission	State Zip Code 78572	Transaction ID : SA11AI.40488
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name of Individual (Last, First, Middle  Mata, Nelson, , Dr.,  Mailing Address 1705 Palazzo	Initial) or Full Organization Name	Date of Receipt
		09 15 2017
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40489  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name of Individual (Last, First, Middle <b>C. Mata, Nelson</b> , , <b>Dr.</b> ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1705 Palazzo		10 19 2017
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40490
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	.00
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER:				PAGE	2	92 OF	: ;	562		
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	oorts and Statements may not be sold or used by any person using the name and address of any political committee t				
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	ERAL PAC				
Mata, Nelson, , Dr.,	Middle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1705 Palazzo		11 17 2017			
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.41288			
	1/4 //65/2	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	y II				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed Receipt For:	physician	contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00				
Full Name of Individual (Last, First, Mata, Nelson, , Dr.,	Date of Receipt				
Mailing Address 1705 Palazzo	12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41289			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1200.00				
Full Name of Individual (Last, First, McNutt, Kimberely, , Ms,	Middle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 7716 N. 27th		09 15 2017			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40495			
-	70004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼	-			
Primary General Other (specify)	225.00				
SUBTOTAL of Receipts This Page (c	optional)	225.00			
TOTAL This Period (last page this lin	ne number only)				

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC				
Α.	Full Name of Individual (Last, First, Middle Initi McNutt, Kimberely, , Ms,  Mailing Address 7716 N. 27th	al) or Full Orga	anization Name	Date of Receipt		
	City	State	Zip Code 78504	10 19 2017  Transaction ID : SA11AI.40496		
	McAllen  FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period		
	Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	'	ation (for Individual) investor ar-to-Date ▼  250.00	Memo Item contribution		
В.	Full Name of Individual (Last, First, Middle Initi McNutt, Kimberely, , Ms,  Mailing Address 7716 N. 27th	Date of Receipt				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41292  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer (for Individual) self-employed		ation (for Individual) a investor	Memo Item contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 275.00			
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi McNutt, Kimberely, , Ms,	al) or Full Orga	anization Name	Date of Receipt		
	Mailing Address 7716 N. 27th			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41293  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer (for Individual) self-employed Receipt For:	private	ation (for Individual) investor	Memo Item contribution		
	Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00			
Н	SUBTOTAL of Receipts This Page (optional)			75.00		

				PAGE	2	94 OF		562
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	13	14		15		16		17

	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Media, Javier, , Dr.,  Mailing Address 3601 Oakwood Lane  City Mission  FEC ID number of contributing	State Zip Code TX 78573	Date of Receipt  M M / 20 / 2017  Transaction ID : SA11AI.39812  Amount of Each Receipt this Period
federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  350.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Media, Javier, , Dr.,  Mailing Address 3601 Oakwood Lane  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78573  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40497  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Media, Javier, Dr.,  Mailing Address 3601 Oakwood Lane  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78573  C  Occupation (for Individual) physician  Aggregate Year-to-Date   450.00	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40498  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
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	13		14		15		16		17

	Statements may not be sold or used by any penhe name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Media, Javier, , Dr.,  Mailing Address 3601 Oakwood Lane	nitial) or Full Organization Name	Date of Receipt  10 19 2017					
City	State Zip Code TX 78573	Transaction ID : SA11AI.40499					
Mission  FEC ID number of contributing federal political committee.	C Occupation (for Individual)	Amount of Each Receipt this Period  50.00					
Name of Employer (for Individual)	Memo Item						
selfemployed  Receipt For:  Primary General  Other (specify) ▼	contribution						
Full Name of Individual (Last, First, Middle I  Media, Javier, , Dr.,  Mailing Address 3601 Oakwood Lane	nitial) or Full Organization Name	Date of Receipt  11 17 2017					
City Mission							
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00						
Full Name of Individual (Last, First, Middle I Media, Javier, , Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 3601 Oakwood Lane		12 15 2017					
City Mission	State Zip Code 78573	Transaction ID : SA11AI.41295					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00					
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution					
Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00						
SUBTOTAL of Receipts This Page (optional)	<b></b>	150.00					
TOTAL This Period (last page this line numbe	er only)						

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Medina, Bertha, , ,  Mailing Address 1300 1 1/2 Street	al) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	07 20 2017  Transaction ID : SA11AI.39813
	mcallen  FEC ID number of contributing federal political committee.	C	78501	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupi physic Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initial Medina, Bertha, , ,  Mailing Address 1300 1 1/2 Street	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.40500
	FEC ID number of contributing federal political committee.	C	76301	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual)	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200₄00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Medina, Bertha, , ,	al) or Full Orga	anization Name	Date of Receipt
•	Mailing Address 1300 1 1/2 Street			09 / 15 / 2017
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.40501  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physici Aggregate Ye		Memo Item contribution
	Other (specify)  General		3600.00	
H	SUBTOTAL of Receipts This Page (optional)			1200.00

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				son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE BORDER HEAL	'	/C		
Full Name of Individual Medina, Bertha, , ,	Last, First, Middle Initial	) or Full Orga	nization Name	Date of Receipt
Mailing Address 1300 1	1/2 Street			10 19 2017
City		State TX	Zip Code	Transaction ID : SA11AI.40502
mcallen		78501	Amount of Each Receipt this Period	
FEC ID number of contr federal political committee		400.00		
Name of Employer (for I	ndividual)	Occupa	tion (for Individual)	Memo Item
selfemployed		physicia	an	contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	7
Primary Other (specify) ▼	General		4000.00	
Full Name of Individual <b>3.</b> Medina, Bertha, , ,	(Last, First, Middle Initial	) or Full Orga	nization Name	Date of Receipt
Mailing Address 1300 1	1/2 Street			11 17 2017
City		State	Zip Code	Transaction ID : SA11AI.41296
mcallen		TX	78501	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	•	С		400.00
Name of Employer (for selfemployed	ndividual)	Occupa physicia	ition (for Individual) an	Memo Item contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
Primary Other (specify) ▼	General		4400.00	
Full Name of Individual . Medina, Bertha, ,		) or Full Orga	nization Name	Date of Receipt
Mailing Address 1300 1				12 15 2017
City		State	Zip Code	Transaction ID : SA11AI.41297
mcallen		TX	78501	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	•	С		400.00
Name of Employer (for I	ndividual)	Occupa	tion (for Individual)	Memo Item contribution
Receipt For:		1		
	General	Aggregate Yea	ม-เบ-⊔สเе ▼	
Other (specify)			4800.00	
SUBTOTAL of Receipts T	nis Page (optional)		<b></b>	1200.00
TOTAL This Period (last p	age this line number on	ly)		1 1 40 1 1 40 1 1 40 1

F	OR	LINE	NU	IMBER	PAGE	2	98 OF	,	562	
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Medina, Camen Martha, , Ms,  Mailing Address 509 E. Yucca  City	Initial) or Full Organization Name  State Zip Code	Date of Receipt  07 20 2017  Transaction ID: SA11Al.39814
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation (for Individual)	50.00
Name of Employer (for Individual)	Memo Item	
self-employed Receipt For:  Primary General  Other (specify) ▼	contribution	
Full Name of Individual (Last, First, Middle  Medina, Camen Martha, , Ms,  Mailing Address 509 E. Yucca	Initial) or Full Organization Name	Date of Receipt  08 17 2017
City	State Zip Code	Transaction ID : SA11AI.40503
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Communication). Medina, Camen Martha, , Ms,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 509 E. Yucca		09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40504
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line numb	per only)	70 1 20 1 20

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Medina, Camen Martha, , Ms,  Mailing Address 509 E. Yucca  City	State Zip Code	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40505
McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Medina, Camen Martha, , Ms,  Mailing Address 509 E. Yucca  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   550.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41298  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Medina, Camen Martha, , Ms,  Mailing Address 509 E. Yucca  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   600.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41299  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	150.00
TOTAL This Period (last page this line numbe	er only)	

Other (specify)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 20 2017 City Zip Code State Transaction ID: SA11AI.39815 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 80 17 2017 City State Zip Code Transaction ID: SA11AI.40506 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mego, Carlos, , Dr., Date of Receipt Mailing Address 602 McColl Circle 15 2017 City State Zip Code Transaction ID: SA11AI.40507 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General

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### SCHEDULE A (FEC Form 3X) **ITEMIZE**

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Mego, Carlos, , Dr.,  Mailing Address 602 McColl Circle  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40508  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Mego, Carlos, , Dr.,  Mailing Address 602 McColl Circle  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4400.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41300  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Mego, Carlos, , Dr.,  Mailing Address 602 McColl Circle  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  12
	<u> </u>	1200.00
TOTAL This Period (last page this line numb	er only)	

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

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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 20 2017 City Zip Code State Transaction ID: SA11AI.39816 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 80 17 2017 City State Zip Code Transaction ID: SA11AI.40509 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mehkri, Imtiaz, , Dr., Date of Receipt Mailing Address 7120 Ware Road 15 2017 City State Zip Code Transaction ID: SA11AI.40510 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 810.00 Other (specify) 270.00

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi Mehkri, Imtiaz, , Dr.,  Mailing Address 7120 Ware Road	al) or Full Orga	anization Name	Date of Receipt  10 19 2017					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40511  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		90.00					
	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physic Aggregate Ye		Memo Item contribution					
	Primary General Other (specify) ▼	- Iggiogato is	900.00						
В.	Full Name of Individual (Last, First, Middle Initi Mehkri, Imtiaz, , Dr., Mailing Address 7120 Ware Road	Date of Receipt							
	City	11 17 2017  Transaction ID : SA11AI.41302							
	McAllen  FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  90.00							
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 990.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Mehkri, Imtiaz, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 7120 Ware Road			12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41303  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		90.00					
	Name of Employer (for Individual) selfemployed Receipt For:	Memo Item contribution							
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1080.00						
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	270.00					
Т	OTAL This Period (last page this line number of	nly)							

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mendez, Salvador, , Mr., Jr. Date of Receipt Mailing Address 104 SE Greenbriar Square 11 17 2017 City Zip Code State Transaction ID: SA11AI.41306 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mendez, Salvador, , Mr., Jr. Date of Receipt Mailing Address 104 SE Greenbriar Square 15 2017 City State Zip Code Transaction ID: SA11AI.41307 TX McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mercado, Manuel, , , Date of Receipt Mailing Address 3002 Santa Susana 20 2017 City State Zip Code Transaction ID: SA11AI.39819 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , ,  Mailing Address 3002 Santa Susana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	Date of Receipt  08	
Full Name of Individual (Last, First, Middle I  Mercado, Manuel, , ,  Mailing Address 3002 Santa Susana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2250.00	Date of Receipt  M M M
Full Name of Individual (Last, First, Middle I Mercado, Manuel, , ,  Mailing Address 3002 Santa Susana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78572   C    Occupation (for Individual)   physician   Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40519  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Mercado, Manuel, , ,  Mailing Address 3002 Santa Susana  City mission	Initial) or Full Organization Name  State Zip Code  TX 78572	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41308  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Mercado, Manuel, , ,  Mailing Address 3002 Santa Susana  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  12
Full Name of Individual (Last, First, Middle Meyer, Scott, , ,  Mailing Address 2100 School Lane  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  245.00	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39820  Amount of Each Receipt this Period  35.00  Memo Item contribution
	<b>&gt;</b>	535.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any ne name and address of any political committee.	person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Meyer, Scott, , ,  Mailing Address 2100 School Lane	nitial) or Full Organization Name	Date of Receipt				
City	State Zip Code	08 17 2017				
Mission	TX 78572	Transaction ID : SA11AI.40521  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼						
Full Name of Individual (Last, First, Middle Ir Meyer, Scott, , ,  Mailing Address 2100 School Lane	Date of Receipt					
City	09 15 2017  Transaction ID : SA11AI.40522					
Mission	State Zip Code 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00					
Full Name of Individual (Last, First, Middle In Meyer, Scott, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2100 School Lane		10 19 2017				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40523  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) selfemployed						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  350.00					
SUBTOTAL of Receipts This Page (optional)		105.00				
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FOR LINE NUMBER: PAGE 308 OF 562 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Meyer, Scott, , , Date of Receipt Mailing Address 2100 School Lane 11 17 2017 City Zip Code State Transaction ID: SA11AI.41310 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 385.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Meyer, Scott, , , Date of Receipt Mailing Address 2100 School Lane 15 2017 City State Zip Code Transaction ID: SA11AI.41311 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Milano, Emil, , Dr., Date of Receipt Mailing Address 225 E. Cornell 20 2017 City State Zip Code Transaction ID: SA11AI.39821 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,  Mailing Address 225 E. Cornell  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  M M M / D J 2017  Transaction ID: SA11AI.40524  Amount of Each Receipt this Period  100.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,  Mailing Address 225 E. Cornell  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  900.00	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AL40525  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Milano, Emil, , Dr.,  Mailing Address 225 E. Cornell  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40526  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle In Milano, Emil, , Dr.,  Mailing Address 225 E. Cornell	Date of Receipt  11 17 2017			
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41312  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	mployed private investor  ipt For:  Primary General Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle In Milano, Emil, , Dr.,  Mailing Address 225 E. Cornell	Date of Receipt			
City  McAllen  FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID : SA11AI.41313 Amount of Each Receipt this Period	
Name of Employer (for Individual) selfemployed	'	tion (for Individual)	Memo Item contribution	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1200.00		
Full Name of Individual (Last, First, Middle In Mohamed, Carlos, N, , Jr.  Mailing Address 2821 Michael Angelo	itial) or Full Orga	nization Name	Date of Receipt	
City Edinburg  FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	7 20 2017 Transaction ID : SA11AI.39823 Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify)	Occupa physicia Aggregate Yea		Memo Item contribution	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00	
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mohamed, Carlos, N,, Jr. Date of Receipt Mailing Address 2821 Michael Angelo 17 2017 City Zip Code State Transaction ID: SA11AI.40530 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohamed, Carlos, N, , Jr. Date of Receipt Mailing Address 2821 Michael Angelo 09 15 2017 City State Zip Code Transaction ID: SA11AI.40531 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Carlos, N., Jr. Date of Receipt Mailing Address 2821 Michael Angelo 10 19 2017 City State Zip Code Transaction ID: SA11AI.40532 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may note name and address	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Mohamed, Carlos, N, , Jr.  Mailing Address 2821 Michael Angelo	nitial) or Full Orgar	nization Name	Date of Receipt
City	Otat-	Zin Code	11 17 2017
City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.41317
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	physicia		Memo Item contribution
Primary General  Other (specify) ▼	Aggregate Yea		
Full Name of Individual (Last, First, Middle In Mohamed, Carlos, N, , Jr.  Mailing Address 2821 Michael Angelo	Date of Receipt		
			12 15 2017
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.41318  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00	
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle In Mohamed, Samira, T., Dr.,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 324 Heron			07 20 / Y Y Y Y Y Y
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39824
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) selfemployed	Occupat physicia	tion (for Individual) n	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			250.00
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER: PAGE 313 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

562

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mohamed, Samira, T., Dr., Date of Receipt Mailing Address 324 Heron 17 2017 City Zip Code State Transaction ID: SA11AI.40533 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohamed, Samira, T., Dr., Date of Receipt Mailing Address 324 Heron 09 15 2017 City State Zip Code Transaction ID: SA11AI.40534 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Samira, T., Dr., Date of Receipt Mailing Address 324 Heron 10 19 2017 City Zip Code State Transaction ID: SA11AI.40535 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC					
Full Name of Individual (Last, First, Midd Mohamed, Samira, T., Dr.,	dle Initial) or Full Orgai	nization Name	Date of Receipt			
Mailing Address 324 Heron			11 17 2017			
City	State	Zip Code	Transaction ID : SA11AI.41319			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item			
selfemployed	physicia		contribution			
Receipt For:	Aggregate Yea					
Primary General Other (specify) ▼	]					
Full Name of Individual (Last, First, Midd Mohamed, Samira, T., Dr.,	Date of Receipt					
Mailing Address 324 Heron	Mailing Address 324 Heron					
City	State	Zip Code	Transaction ID : SA11AI.41320			
McAllen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ÿ					
Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General Other (specify) ▼		600.00	]			
Full Name of Individual (Last, First, Midd C. Mohme, Ruben, , Dr.,	dle Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 7309 N. 4th Street			07 20 2017			
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39825  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		100.00			
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item			
self-employed	physicia	n	contribution			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General Other (specify)	33.13	700.00	]			
SUBTOTAL of Receipts This Page (option			200.00			

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	ny information copied from such Reports and Stator commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	'AC					
Α.	Full Name of Individual (Last, First, Middle Initial Mohme, Ruben, , Dr.,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 7309 N. 4th Street			08 17 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.40536			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
	self-employed	physic	cian	contribution			
	Receipt For:	1.,					
	Primary General	Aggregate Y	'ear-to-Date ▼				
	Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initial Mohme, Ruben, , Dr.,	Date of Receipt					
	Mailing Address 7309 N. 4th Street	09 15 2017					
	City	State	Zip Code	Transaction ID : SA11AI.40537			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.						
	Name of Employer (for Individual) self-employed	Occup physi	pation (for Individual) ician	Memo Item contribution			
	Receipt For:	Aggregate Y	′ear-to-Date ▼				
	Primary General Other (specify) ▼						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Mohme, Ruben, , Dr.,	al) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 7309 N. 4th Street			10 19 / 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.40538			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item			
	self-employed	physic	,	contribution			
	Receipt For:	1		+			
	Primary General	Aggregate Y	'ear-to-Date ▼				
	Other (specify)						
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00			
_	OTAL This Period (last page this line number o	only)					

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

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Mohme, Ruben, , Dr.,  Mailing Address 7309 N. 4th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1100.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41321  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Mohme, Ruben, , Dr.,  Mailing Address 7309 N. 4th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1200.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle I Moncada, Armando, , Dr.,  Mailing Address 1421 North 2nd Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   physician   Aggregate Year-to-Date   ▼	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,  Mailing Address 1421 North 2nd Street	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	08 17 2017  Transaction ID : SA11AI.40539						
	McAllen  FEC ID number of contributing federal political committee.	С	78504	Amount of Each Receipt this Period 400.00						
	Name of Employer (for Individual)  self-employee  Receipt For:  Primary General  Other (specify) ▼	me of Employer (for Individual)  If-employee ceipt For:  Primary  General  Occupation (for Individual) physician  Aggregate Year-to-Date ▼								
В.	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,  Mailing Address 1421 North 2nd Street	Date of Receipt  09 15 2017								
	City McAllen	Transaction ID : SA11AI.40540  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	400.00								
	Name of Employer (for Individual) self-employee	Occup	ation (for Individual) sian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye								
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Moncada, Armando, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1421 North 2nd Street			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40541  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify)	Occupa physici Aggregate Ye		Memo Item contribution						
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<b></b>	1200.00						

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		used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Moncada, Armando, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1421 North 2nd Street		11 17 2017			
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.41323			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	400.00			
Name of Employer (for Individual)	dual) Memo Item				
self-employee					
Receipt For:    Primary   General	Aggregate Year-to-Date ▼				
Other (specify) ▼	4400.00				
Full Name of Individual (Last, First, Middle 3. Moncada, Armando, , Dr.,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 1421 North 2nd Street	Date of necept				
	12 15 2017				
City	State Zip Code TX 78504	Transaction ID : SA11Al.41324			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	400.00			
Name of Employer (for Individual) self-employee	Occupation (for Individual physician	dual) Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼		4800.00			
Full Name of Individual (Last, First, Middle C. Montanez, Guillermo, , Dr.,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 100 S. W. Augusta Squar	Э	07 20 2017			
City	State Zip Code	Transaction ID : SA11AI.39827			
McAllen	TX 78503	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Self employed	Occupation (for Individual physician	Memo Item contribution			
Receipt For:					
Primary General	959.99				
Other (specify)		350.00			
SUBTOTAL of Receipts This Page (optional	)	850.00			
TOTAL This Period (last page this line num	per only)				

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

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi-Montanez, Guillermo, , Dr.,  Mailing Address 100 S. W. Augusta Square	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	08 17 2017  Transaction ID : SA11AI.40542					
	McAllen	TX	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	50.00							
	Name of Employer (for Individual) Self employed								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye		contribution					
В.	Full Name of Individual (Last, First, Middle Initi Montanez, Guillermo, , Dr.,  Mailing Address 100 S. W. Augusta Square	al) or Full Orga	anization Name	Date of Receipt					
		09 15 2017							
	City	Transaction ID : SA11AI.40543							
	McAllen  FEC ID number of contributing federal political committee.	ТХ	Amount of Each Receipt this Period  50.00						
	Name of Employer (for Individual) Self employed	Occupa	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 450.00						
	Full Name of Individual (Last, First, Middle Initi Montanez, Guillermo, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
٠.	Mailing Address 100 S. W. Augusta Square			10 19 2017					
	City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.40544  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer (for Individual) Self employed	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 500.00						
Н	SUBTOTAL of Receipts This Page (optional)		<u> </u>	150.00					

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Montanez, Guillermo, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 100 S. W. Augusta Square			11 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.41325
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	Self employed	physi	, ,	contribution
	Receipt For:  Primary General  Other (specify) ▼			
— В.	Full Name of Individual (Last, First, Middle Initial Montanez, Guillermo, , Dr.,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 100 S. W. Augusta Square			12 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.41326
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) Self employed	Occu phys	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼		, 600.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial Morales, Carlos, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 3325 Kent Lane			07 20 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.39828
	mcallen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physic	,	contribution
	Receipt For:	1	/ear-to-Date ▼	-
	Primary General	Aggregate	real-to-bate v	
	Other (specify)		2800.00	
s	SUBTOTAL of Receipts This Page (optional)			500.00
	OTAL This Period (last page this line number o	nly)		

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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3325 Kent Lane		08 17 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.40545				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual)	Name of Employer (for Individual)  Occupation (for Individual)					
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	3200.00					
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3325 Kent Lane		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40546				
mcallen	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00					
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3325 Kent Lane		10 19 2017				
City	State Zip Code	Transaction ID : SA11AI.40547				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$				
Primary General	, 1991 cyale 1eai-lu-Dale ▼					
Other (specify)	4000.00					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1200.00				
TOTAL This Period (last page this line number	er only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3325 Kent Lane		11 17 2017				
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.41327				
	78303	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item				
Receipt For:						
Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle Morales, Carlos, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3325 Kent Lane	12 15 2017					
City	State Zip Code TX 78503	Transaction ID : SA11Al.41328				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	4800.00					
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1608 Woods Drive		07 20 2017				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.39830				
FEC ID number of contributing		Amount of Each Receipt this Period  250.00				
federal political committee.	y III					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:						
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1750.00					
SUBTOTAL of Receipts This Page (optional	al)	1050.00				
TOTAL This Period (last page this line num	nber only)					

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

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	nd Statements may not be sold or used by any post the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Moreno, Leonel, , ,  Mailing Address 1608 Woods Drive	e Initial) or Full Organization Name	Date of Receipt
Ivialing Address 1606 Woods Drive		08 17 2017
City	State Zip Code	Transaction ID : SA11AI.40551
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name of Individual (Last, First, Middle Moreno, Leonel, , ,  Mailing Address 1608 Woods Drive	Date of Receipt	
	09 15 2017	
City	State Zip Code	Transaction ID : SA11AI.40552
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2250.00	
Full Name of Individual (Last, First, Middle C. Moreno, Leonel, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1608 Woods Drive		10 19 2017
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.40553
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
	Memo Item	
Name of Employer (for Individual) selfemployed	contribution	
Receipt For:		
Primary General Other (specify)	Aggregate Year-to-Date ▼  2500.00	
SUBTOTAL of Receipts This Page (optional	)	750.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name of Individual (Last, First, Middle Moreno, Leonel, , ,	Date of Receipt						
Mailing Address 1608 Woods Drive	11 17 2017						
City	State Zip Code TX 78572	Transaction ID : SA11AI.41331					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	2750.00						
Full Name of Individual (Last, First, Middle Moreno, Leonel, , ,	Date of Receipt						
Mailing Address 1608 Woods Drive		12 15 2017					
City	State Zip Code	Transaction ID : SA11AI.41332					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00						
Full Name of Individual (Last, First, Middle Moreno, LeRoy, , Mr.,	Date of Receipt						
Mailing Address 6908 N. 31st	• • • • • • • • • • • • • • • • • • • •						
City	State Zip Code	Transaction ID : SA11AI.40555					
McAllen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00  Memo Item contribution					
Name of Employer (for Individual) Self employed	Occupation (for Individual) investor						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	219.57						
SUBTOTAL of Receipts This Page (optional)	·····	525.00					
TOTAL This Period (last page this line numb	per only)						

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

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Moreno, LeRoy, , Mr.,  Mailing Address 6908 N. 31st	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	10 19 2017 Transaction ID : SA11AI.40556						
	McAllen	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer (for Individual) Self employed	Occupa investo	ation (for Individual) or	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initia Moreno, LeRoy, , Mr., Mailing Address 6908 N. 31st	Date of Receipt								
				11 17 2017						
	City	State	Zip Code	Transaction ID : SA11AI.41333						
	McAllen	78504	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	25.00							
	Name of Employer (for Individual) Self employed	Occup: investo	ation (for Individual) or	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 269.57							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Moreno, LeRoy, , Mr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 6908 N. 31st			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41334  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	y III								
	Name of Employer (for Individual) Self employed	Occupa investo	ation (for Individual) or	Memo Item contribution						
	Receipt For:  Primary  General									
	Other (specify)	7	294.57							
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			75.00						

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi Najaraj, Namitha, , Dr.,  Mailing Address 2605 San Lucas	al) or Full Org	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40558  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00 Memo Item						
	Name of Employer (for Individual)  self-employed  Receipt For: Primary General	physician Aggregate Year-to-Date ▼								
	Other (specify) ▼	1) 5-11 0	225.00							
В.	Full Name of Individual (Last, First, Middle Initi-Najaraj, Namitha, , Dr.,  Mailing Address 2605 San Lucas	Date of Receipt  10 19 2017								
	City Mission	State Zip Code TX 78572								
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) sian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi-Najaraj, Namitha, , Dr.,	al) or Full Org	anization Name	Date of Receipt						
	Mailing Address 2605 San Lucas	Ctata	7:- Code	11 17 2017						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41335  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer (for Individual) self-employed	Occup- physici	ation (for Individual) ian	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 275.00							
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			75.00						

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Najaraj, Namitha, , Dr.,  Mailing Address 2605 San Lucas	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	12 15 2017  Transaction ID : SA11AI.41336						
	Mission	TX	78572	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		25.00						
	Name of Employer (for Individual) self-employed	Memo Item contribution								
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,	Date of Receipt								
	Mailing Address 1509 N. Misty Lane	07								
	City Weslaco	Transaction ID : SA11AI.39833								
	FEC ID number of contributing federal political committee.	ТХ	78596	Amount of Each Receipt this Period  50.00						
	Name of Employer (for Individual) self-employed	Occup	ation (for Individual)	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1509 N. Misty Lane			08 17 Y Y Y Y Y						
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.40560  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For:  Primary General									
	Other (specify)		400.00							
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			125.00						

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

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr., Mailing Address 1509 N. Misty Lane	al) or Full Orga	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID : SA11AI.40561						
	Weslaco	TX	78596	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual)		ation (for Individual)	Memo Item						
	self-employed	physic	ian	contribution						
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initia Nandipaty, Sivakumari, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1509 N. Misty Lane	State	Zip Code	10 19 2017						
	City	Transaction ID : SA11AI.40562								
	Weslaco	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employed	Occup physic	ation (for Individual) zian	Memo Item contribution						
	Receipt For:	Aggregate Ye	ear-to-Date ▼							
	Primary General Other (specify) ▼	4	500.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1509 N. Misty Lane			11 17 2017						
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.41337						
			10000	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employed	Memo Item contribution								
	Receipt For:									
	Primary General Other (specify)		550.00							
	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			150.00						

	FOR LINE NUMBER:						PAGE	3	29 OF		562
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Nandipaty, Sivakumari, , Dr.,  Mailing Address 1509 N. Misty Lane	al) or Full Orga	anization Name	Date of Receipt						
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41338						
	Weslaco	TX	78596	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) self-employed	Memo Item contribution								
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initia O'Callaghan, William, , Dr.,	Date of Receipt								
	Mailing Address 111 NE Augusta Square	07 20 2017								
	City McAllen	Transaction ID : SA11AI.39834								
	FEC ID number of contributing federal political committee.	ТХ	78504	Amount of Each Receipt this Period  100.00						
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual)	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700₄00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial O'Callaghan, William, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 111 NE Augusta Square			08 17 2017						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40563  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 800.00							
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			250.00						

							PAGE	3	30 OF		562
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			13		14		15		16		17

	Statements may not be sold or used by any problem name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle I O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square		Date of Receipt  09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40564
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00	contribution
Full Name of Individual (Last, First, Middle I O'Callaghan, William, , Dr., Mailing Address 111 NE Augusta Square	Initial) or Full Organization Name	Date of Receipt  10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40565
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 111 NE Augusta Square		11 17 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.41339
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼  1100.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	er only)	

						PAGE	3	31 OF	,	562
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions eto solicit contributions from such committee.					
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	L PAC							
Full Name of Individual (Last, First, Middle O'Callaghan, William, , Dr.,  Mailing Address 111 NE Augusta Square	Initial) or Full Organ	nization Name	Date of Receipt					
			12 15 2017					
City								
McAllen	McAllen TX 78504							
FEC ID number of contributing federal political committee.	ÿ l							
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 1200.00						
Full Name of Individual (Last, First, Middle Ochoa, Alfonso, , Dr.,  Mailing Address 1901 W. 18th Street	Date of Receipt							
			07 20 2017					
City	State	Zip Code	Transaction ID : SA11AI.39835					
Weslaco	TX	78596	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		100.00					
Name of Employer (for Individual) self-employed	Occupat physicia	tion (for Individual) an	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 700.00						
Full Name of Individual (Last, First, Middle C. Ochoa, Alfonso, , Dr.,	Initial) or Full Organ	nization Name	Date of Receipt					
Mailing Address 1901 W. 18th Street			08 17 2017					
City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.40566					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) self-employed	tion (for Individual) n	Memo Item contribution						
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 800.00						
SUBTOTAL of Receipts This Page (optional)			300.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

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				MBER	PAGE	3	32 OF		562	
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		13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Mailing Address 1901 W. 18th Street	al) or Full Orga		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Weslaco FEC ID number of contributing	State TX	Zip Code 78596	Transaction ID : SA11AI.40567  Amount of Each Receipt this Period						
	federal political committee.  Name of Employer (for Individual)	100.00 Memo Item								
	self-employed  Receipt For:  Primary General  Other (specify) ▼	physic Aggregate Ye		contribution						
В.	Full Name of Individual (Last, First, Middle Initia Ochoa, Alfonso, , Dr.,  Mailing Address 1901 W. 18th Street	Date of Receipt  10 19 2017								
	City Weslaco	Transaction ID : SA11AI.40568  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	100.00								
	Name of Employer (for Individual) self-employed	physic		Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial Ochoa, Alfonso, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1901 W. 18th Street  City	State	Zip Code	11 17 2017 Transaction ID : SA11AI.41341						
	Weslaco	TX	78596	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)									
s	UBTOTAL of Receipts This Page (optional)		·····	300.00						
Т	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>							

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	13	14		15		16		17	

	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Ochoa, Alfonso, , Dr.,  Mailing Address 1901 W. 18th Street  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Date of Receipt  12	
Full Name of Individual (Last, First, Middle In Ochoa, Jessica, , Ms,  Mailing Address 1920 Treasure Oak Drive  City Harlingen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	State Zip Code TX 78550  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   225.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40570  Amount of Each Receipt this Period  25.00  Memo Item contribution
City Harlingen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)	State Zip Code TX 78550  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40571  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
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				MBER	PAGE	3	34 OF		562	
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		13		14		15		16		17

	Statements may not be sold or used by any phe name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Ochoa, Jessica, , Ms,  Mailing Address 1920 Treasure Oak Drive  City	nitial) or Full Organization Name  State Zip Code	Date of Receipt  11 17 2017					
Harlingen	TX 78550	Transaction ID : SA11AI.41343  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ederal political committee.						
Name of Employer (for Individual)	Occupation (for Individual) private investor	Memo Item					
self-employed  Receipt For:  Primary General  Other (specify) ▼	contribution						
Full Name of Individual (Last, First, Middle I Ochoa, Jessica, , Ms,  Mailing Address 1920 Treasure Oak Drive	nitial) or Full Organization Name	Date of Receipt  12 15 2017					
City	State Zip Code	Transaction ID : SA11Al.41344					
Harlingen	TX 78550	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	]					
Full Name of Individual (Last, First, Middle I C. Ochoa, Ricardo, , Mr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 2421 N. 'J' Street		07 20 / Y Y Y Y Y Y					
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.39837					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution					
Primary General Other (specify)	Aggregate Year-to-Date ▼  700.00						
SUBTOTAL of Receipts This Page (optional)		150.00					
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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 17 2017 City Zip Code State Transaction ID: SA11AI.40572 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ochoa, Ricardo, , Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 09 15 2017 City State Zip Code Transaction ID: SA11AI.40573 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ochoa, Ricardo, Mr., Date of Receipt Mailing Address 2421 N. 'J' Street 10 19 2017 City State Zip Code Transaction ID: SA11AI.40574 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Ochoa, Ricardo, , Mr.,  Mailing Address 2421 N. 'J' Street	Initial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	11 17 2017
McAllen	TX	78501	Transaction ID : SA11AI.41345  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period		
Name of Employer (for Individual) self-employed		ation (for Individual) investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1100.00	
Full Name of Individual (Last, First, Middle I Ochoa, Ricardo, , Mr.,  Mailing Address 2421 N. 'J' Street	Date of Receipt		
City McAllen	State TX	Zip Code 78501	12 15 2017  Transaction ID : SA11AI.41346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) self-employed		ation (for Individual)	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle I Ogunlana, Victor, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2604 Santa Teresa			07
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39838
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) self-employed	Occupa doctor	ation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional)		•	300.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr.,  Mailing Address 2604 Santa Teresa	al) or Full Orga	anization Name	Date of Receipt							
	City	State	Zip Code	08 17 2017							
	Mission	TX	78572	Transaction ID : SA11AI.40575  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	100.00									
	Name of Employer (for Individual) self-employed	Occupa doctor	ation (for Individual)	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00								
В.	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr.,	Date of Receipt									
	Mailing Address 2604 Santa Teresa	09 15 2017									
	City Mission	State	Zip Code 78572	Transaction ID : SA11AI.40576							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  100.00									
	Name of Employer (for Individual) self-employed										
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00								
<u> </u>	Full Name of Individual (Last, First, Middle Initial Ogunlana, Victor, , Dr.,	al) or Full Orga	anization Name	Date of Receipt							
•	Mailing Address 2604 Santa Teresa			10 19 2017							
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40577  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual)	Memo Item contribution							
	Receipt For: Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional)			300.00							

FOR LINE NUMBER:					PAGE	3	38 OF	,	562	
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		ed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle Ir Ogunlana, Victor, , Dr.,  Mailing Address 2604 Santa Teresa	nitial) or Full Organization Name	Date of Receipt			
		11 17 2017			
City	State Zip Code	Transaction ID : SA11AI.41347			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Ŭ				
Name of Employer (for Individual)	Occupation (for Individua	al) Memo Item			
self-employed	doctor	contribution			
Receipt For:  Primary General  Other (specify) ▼	1100.00				
Full Name of Individual (Last, First, Middle Ir Ogunlana, Victor, , Dr.,  Mailing Address 2604 Santa Teresa	Date of Receipt				
		12 15 2017			
City	State Zip Code	Transaction ID : SA11AI.41348			
Mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual doctor	al) Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	1200.00			
Full Name of Individual (Last, First, Middle Ir Ohabor, Chioma, , Ms,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 6114  N. 3rd Lane	Stoto 7:- 0-1	07 20 2017			
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.39839			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00			
Name of Employer (for Individual) selfemployed					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	350.00			
SUBTOTAL of Receipts This Page (optional)		250.00			
TOTAL This Period (last page this line number	· only)				

FOR LINE NUMBER:						PAGE	3	39 OF	:	562
(check only one)										
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	the name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name of Individual (Last, First, Middle Ohabor, Chioma, , Ms,  Mailing Address 6114	Initial) or Full Organization Name	Date of Receipt			
N. 3rd Lane		08 17 2017			
City	State Zip Code	Transaction ID : SA11AI.40578			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Memo Item				
selfemployed	private investor	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	400.00				
Full Name of Individual (Last, First, Middle Ohabor, Chioma, , Ms,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6114		M M / D D / Y Y Y Y Y			
N. 3rd Lane	State Zip Code	09 15 2017			
McAllen	TX 78504	Transaction ID : SA11AI.40579  Amount of Each Receipt this Period			
	Amount of Each neceipt this Feriod				
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name of Individual (Last, First, Middle Chabor, Chioma, , Ms,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6114  N. 3rd Lane		10 19 2017			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40580			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General Other (specify)	500.00				
SUBTOTAL of Receipts This Page (optional)	)	150.00			
TOTAL This Period (last page this line numb	per only)				

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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 persename and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Ohabor, Chioma, , Ms,  Mailing Address 6114  N. 3rd Lane  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   The Address of Individual (Last, First, Middle Ini Ohabor, Chioman, Ms, Ms, Ms, Ms, Ms, Ms, Ms, Ms, Ms, Ms	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41349  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ini Ohabor, Chioma, , Ms,  Mailing Address 6114  N. 3rd Lane  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  600.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle Ini Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  700.00	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39840  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	200.00
TOTAL This Period (last page this line number	only)	

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Name of Employer (for Individual)   State   Zip Code   TX   78504		ny information copied from such Reports and Stator commercial purposes, other than using the					
A. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Fluil Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  FEC ID number of contributing federal political committee.  City McAllen  FEC ID number of contributing federal political committee.  City In Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  FEC ID number of contributing federal political committee.  Comparison Name of Employer (for Individual) selfemployed  Feceipt For:  Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  FEC ID number of contributing federal political committee.  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  Fell Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  FEC ID number of contributing federal political committee.  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City  McAllen  FEC ID number of contributing federal political committee.  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  Amount of Each Receipt this Period  Memo Item contribution			AC				
City McAllen  FEC ID number of contributing faderal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:	Α.		al) or Full Org	ganization Name	Date of Receipt		
McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:    Other (specify) ▼   Aggregate Vear-to-Date ▼     Other (specify) ■   Aggregate Vear-to-Date ▼     O		Mailing Address 9917 Bentsen Road					
FEC ID number of contributing federal political committee.  Name of Employer (for individual) selfemployed Primary Other (specify) ▼  B. Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road  City McAllen FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary Other (specify) ▼  State TX T8504  For Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road  City Memo Item contribution  Date of Receipt  Date of Receipt  Memo Item contribution  Date of Receipt  Date of Receipt  Memo Item contribution  Date of Receipt  Date of Receipt  Date of Receipt  Memo Item contribution  Date of Receipt  TX T8504  For Ill Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  PC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Typysician  Date of Receipt  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Typysician  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Typysician  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Typysician  Transaction ID : SA11Al.40583  Amount of Each Receipt this Period  Typysician  Typysician  Typysic		City		Zip Code	Transaction ID : SA11AI.40581		
Name of Employer (for Individual)   Decupation (for Individual)   Physician   Memo Item		McAllen	TX	78504	Amount of Each Receipt this Period		
selfemployed		· ·	С		100.00		
Receipt For:    Primary   General   Aggregate Year-to-Date ▼		Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item		
Receipt For:    Primary   General   Aggregate Year-to-Date ▼   800.00		selfemployed	physic	cian	contribution		
B. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Selfemployed  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation (for Individual) Physician  Aggregate Year-to-Date ▼  Transaction ID : SA11AI.40582  Amount of Each Receipt this Period  Memo Item contribution  Date of Receipt  Memo Item contribution  Date of Receipt  Transaction ID : SA11AI.40582  Amount of Each Receipt this Period  Date of Receipt  Memo Item contribution  Date of Receipt  Transaction ID : SA11AI.40583  Amount of Each Receipt this Period  Transaction ID : SA11AI.40583  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID : SA11AI.40583  Amount of Each Receipt this Period  Date of Receipt  Transaction ID : SA11AI.40583  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)		Receipt For: Primary General	ceipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  800.00				
City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:    Primary   General   Other (specify) ▼   Occupation (for Individual) physician    Publication   Public	В.	Olveira, Noel, , Dr.,	Date of Receipt				
McAllen TX 78504  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Selfemployed  Receipt For:  Name of Employer (for Individual) Selfemployed  Receipt For:  Primary General Occupation (for Individual) Physician  Aggregate Year-to-Date ▼  100.00  Aggregate Year-to-Date ▼  100.00  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  100.00							
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:    Primary   General   Ge		-		Zip Code	Transaction ID : SA11AI.40582		
Name of Employer (for Individual) selfemployed		McAllen	TX	78504	Amount of Each Receipt this Period		
Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City State Zip Code TX 78504  FEC ID number of contributing federal political committee.  Name of Employed Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Other (specify)			С		100.00		
Primary General Other (specify) ▼  Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  1000.00		selfemployed		,			
Other (specify) ▼  Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name  C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)  Aggregate Year-to-Date ▼  Other (specify)  Date of Receipt  Transaction ID: SA11AI.40583  Amount of Each Receipt this Period  Memo Item contribution			Aggregate Y	′ear-to-Date ▼			
C. Olveira, Noel, , Dr.,  Mailing Address 9917 Bentsen Road  City  McAllen  State  TX  TX  State  TX  T8504  Amount of Each Receipt this Period  C  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)  Date of Receipt  Transaction ID: SA11AI.40583  Amount of Each Receipt this Period  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1000.00			4	900.00			
Mailing Address 9917 Bentsen Road  City McAllen  TX  State TX  78504  City Transaction ID: SA11AI.40583  Amount of Each Receipt this Period  C  Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)  Aggregate Year-to-Date ▼  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	C.		al) or Full Orç	ganization Name	Date of Receipt		
McAllen  TX 78504  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		Mailing Address 9917 Bentsen Road			M M / D D / Y Y Y Y		
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)  Amount of Each Receipt this Period  100.00  Memo Item contribution				'	Transaction ID : SA11AI.40583		
Name of Employer (for Individual) selfemployed Receipt For: Primary Other (specify)  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  100.00  Memo Item contribution		McAllen	17	78504	Amount of Each Receipt this Period		
selfemployed physician contribution  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼		· ·	С		100.00		
Receipt For:  Primary Other (specify)  Aggregate Year-to-Date ▼  1000.00		Name of Employer (for Individual)	Memo Item				
Primary General Other (specify)  Aggregate Teal-to-Date V  1000.00			contribution				
Primary General Other (specify) 1000.00			Aggregate Y	ear-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)			· · · ·	1000.00			
TOTAL This Period (last page this line number only)	H			<u> </u>	300.00		

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions							
	y information copied from such Reports and Sta for commercial purposes, other than using the r							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road	al) or Full Orga	anization Name	Date of Receipt				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41351  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution						
В.	Full Name of Individual (Last, First, Middle Initia Olveira, Noel, , Dr., Mailing Address 9917 Bentsen Road	Date of Receipt  12 15 2017						
	City McAllen FEC ID number of contributing federal political committee.	Zip Code 78504	Transaction ID : SA11AI.41352  Amount of Each Receipt this Period  100.00					
	Name of Employer (for Individual) selfemployed  Receipt For: Primary General	Occupa physic Aggregate Ye		Memo Item contribution				
<u> </u>	Other (specify) ▼  Full Name of Individual (Last, First, Middle Initia  Orfanos, Athanaji, , Dr.,	al) or Full Orga	1200.00 anization Name	Date of Receipt				
	Mailing Address 3013 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.	State TX	Zip Code 78539	Transaction ID : SA11AI.40584  Amount of Each Receipt this Period				
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)		ation (for Individual) investor ar-to-Date ▼	Memo Item contribution				
	UBTOTAL of Receipts This Page (optional)		<u> </u>	300.00				

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Any information conied from such Departs and	Statements may not be cold or used by any nor	son for the nurness of soliciting contributions		
	Statements may not be sold or used by any per- e name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle In Orfanos, Athanaji, , Dr.,  Mailing Address 3013 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:	State Zip Code TX 78539  C Occupation (for Individual) private investor	Date of Receipt  08 17 2017  Transaction ID : SA11AI.40585  Amount of Each Receipt this Period  100.00  Memo Item contribution		
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00			
Full Name of Individual (Last, First, Middle In Orfanos, Athanaji, , Dr.,  Mailing Address 3013 Lakeshore Drive  City	Date of Receipt  Man / Date / Yaryary  09 15 2017  Transaction ID: SA11AL 40586			
Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code TX 78539  C Occupation (for Individual)	Transaction ID : SA11AI.40586  Amount of Each Receipt this Period  100.00  Memo Item		
selfemployed  Receipt For:  Primary  Other (specify) ▼	private investor  Aggregate Year-to-Date ▼  900.00	contribution		
Full Name of Individual (Last, First, Middle In Orfanos, Athanaji, , Dr.,  Mailing Address 3013 Lakeshore Drive  City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code 78539	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40587  Amount of Each Receipt this Period  100.00		
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  1000.00	Memo Item contribution		
SUBTOTAL of Receipts This Page (optional)		300.00		
TOTAL This Period (last page this line number	only)			

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

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FOR LINE NUMBER: PAGE 344 OF 562								
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Orfanos, Athanaji, , Dr.,  Mailing Address 3013 Lakeshore Drive	al) or Full Orga	anization Name	Date of Receipt				
		Ta	T	11 17 2017				
	City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.41353				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00					
	Name of Employer (for Individual)		ation (for Individual)	Memo Item				
	selfemployed	private	e investor	contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1100.00					
В.	Full Name of Individual (Last, First, Middle Initia Orfanos, Athanaji, , Dr.,	anization Name	Date of Receipt					
	Mailing Address 3013 Lakeshore Drive	12 15 2017						
	City Edinburg	State	Zip Code 78539	Transaction ID : SA11AI.41354				
	FEC ID number of contributing federal political committee.	C	10000	Amount of Each Receipt this Period  100.00				
	Name of Employer (for Individual) selfemployed	I	ation (for Individual) e investor	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 5416 N. Cynthia			07 20 Y Y Y Y Y Y				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.39841				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  50.00				
	Name of Employer (for Individual) self-employed	Occupa	ation (for Individual) ian	Memo Item contribution				
	Receipt For:  Primary General	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)		350.00					
H	SUBTOTAL of Receipts This Page (optional)			250.00				

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

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr.,  Mailing Address 5416 N. Cynthia	al) or Full Orga	anization Name	Date of Receipt  08 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40588				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	1	ation (for Individual)	Memo Item				
	self-employed	physic	ian	contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00					
В.	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr.,	Date of Receipt						
	Mailing Address 5416 N. Cynthia	09 15 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40589				
	McAllen	1/	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) iian	Memo Item contribution				
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify) ▼	,	450.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Orfanos, John, , Dr.,	al) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 5416 N. Cynthia			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40591				
	FEC ID number of contributing			Amount of Each Receipt this Period				
	federal political committee.	С		50.00				
	Name of Employer (for Individual) self-employed	Occupa physici	ation (for Individual) an	Memo Item contribution				
	Receipt For:	Aggregate Ye						
	Primary General Other (specify)		500.00					
H	SUBTOTAL of Receipts This Page (optional)			150.00				

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Orfanos, John, , Dr.,  Mailing Address 5416 N. Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41355  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Orfanos, John, , Dr.,  Mailing Address 5416 N. Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   78504   C    Occupation (for Individual)   physician   Aggregate Year-to-Date   600.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41356  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Ortega, Jose, , Mr.,  Mailing Address 2504 Xanthisma  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   private investor   Aggregate Year-to-Date	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41357  Amount of Each Receipt this Period  20.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number	er only)	

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	I Statements may not be sold or used by any pethe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Ortega, Jose, , Mr.,  Mailing Address 2504 Xanthisma  City mcallen  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41358  Amount of Each Receipt this Period  20.00
Receipt For:  Primary  Other (specify) ▼  Name of Employer (for Individual)  Self-employed  General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  240.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Ortiz, Juan, , ,  Mailing Address 4501 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39843  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ortiz, Juan, , ,  Mailing Address 4501 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M / D D / Y Y Y Y Y  Transaction ID : SA11AI.40595  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle In Ortiz, Juan, , ,  Mailing Address 4501 N. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   450.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40596  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Ortiz, Juan, , , )  Mailing Address 4501 N. Cynthia  City	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40597  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Ortiz, Juan, , ,  Mailing Address 4501 N. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   550.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	150.00
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Α.	Full Name of Individual (Last, First, Middle Initial Ortiz, Juan, , ,  Mailing Address 4501 N. Cynthia	al) or Full Org	anization Name	Date of Receipt  12 15 2017				
	City	State	Zip Code	Transaction ID : SA11Al.41360				
	mcallen FEC ID number of contributing	TX	78504	Amount of Each Receipt this Period				
	federal political committee.	C		50.00				
	Name of Employer (for Individual)  Selfemployed  Occupation (for Individual)  physician			Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00					
В.	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , ,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 1601 Sebastian Drive	07 20 2017						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11Al.39844  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) self-employee	-	ation (for Individual) e investor	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00					
	Full Name of Individual (Last, First, Middle Initial Osorio-Castillo, Carmen, , ,	al) or Full Org	anization Name	Date of Receipt				
Ο.	Mailing Address 1601 Sebastian Drive			08 17 2017				
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40598  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual) self-employee		ation (for Individual)	Memo Item contribution				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00					
H	SUBTOTAL of Receipts This Page (optional)			150.00				

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 15 2017 City Zip Code State Transaction ID: SA11AI.40599 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 10 19 2017 City State Zip Code Transaction ID: SA11AI.40600 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Osorio-Castillo, Carmen, , , Date of Receipt Mailing Address 1601 Sebastian Drive 17 2017 City State Zip Code Transaction ID: SA11AI.41361 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any peg the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name of Individual (Last, First, Middle Osorio-Castillo, Carmen, , ,	Date of Receipt					
Mailing Address 1601 Sebastian Drive	12 15 2017					
City	Transaction ID : SA11AI.41362					
Mission	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employee	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	600.00					
Full Name of Individual (Last, First, Middle Otero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 121 E. Quamasia #148		07 20 2017				
City						
mcallen	TX 78501	Transaction ID : SA11AI.39845  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00					
Full Name of Individual (Last, First, Middle C. Otero, Fernando, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 121 E. Quamasia #148		08 / 17 / 2017				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.40601  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	400.00					
Name of Employer (for Individual) selfemployed	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3200.00					
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	850.00				
TOTAL This Period (last page this line num	nber only)					

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Otero, Fernando,,, Date of Receipt Mailing Address 121 E. Quamasia #148 15 2017 City State Zip Code Transaction ID: SA11AI.40602 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 3600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 10 19 2017 #148 City State Zip Code Transaction ID: SA11AI.40603 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 4000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 17 2017 #148 City State Zip Code Transaction ID: SA11AI.41363 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 4400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per e name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Otero, Fernando, , ,	Date of Receipt					
Mailing Address 121 E. Quamasia #148		12 15 2017				
City	Transaction ID : SA11AI.41364					
mcallen	ty State Zip Code TX 78501					
FEC ID number of contributing federal political committee.	ů .					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	55 0					
Other (specify) ▼	4800.00					
Full Name of Individual (Last, First, Middle In Owen, Kip, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2305 Red River		07 20 2017				
City	State Zip Code	Transaction ID : SA11AI.39846				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00					
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2305 Red River		08 17 2017				
City	State Zip Code	Transaction ID : SA11AI.40604				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	Š					
Name of Employer (for Individual) selfemployed	Memo Item contribution					
Receipt For:	physician  Aggregate Year-to-Date ▼	†				
Primary General	Aggregate rear-to-Date ▼					
Other (specify)	800.00					
SUBTOTAL of Receipts This Page (optional)		600.00				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER:					PAGE	3	54 OF		562	
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Any information copied from such Reports and S	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions				
or for commercial purposes, other than using the						
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL I	PAC					
Full Name of Individual (Last, First, Middle Ini  Owen, Kip, , ,  Mailing Address 2305 Red River	Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City	Transaction ID : SA11AI.40605					
mcallen	State Zip Code 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
selfemployed	physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name of Individual (Last, First, Middle Ini  Owen, Kip, , ,  Mailing Address 2305 Red River	itial) or Full Organization Name	Date of Receipt				
ZOUD RED RIVER		10 19 2017				
City	City State Zip Code					
mcallen	TX 78572	Transaction ID : SA11AI.40606  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt				
Mailing Address 2305 Red River		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.41365				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1100.00					
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	only)					

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Owen, Kip, , , Mailing Address 2305 Red River  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  12	
Full Name of Individual (Last, First, Middle Padilla, Juan, , Dr.,  Mailing Address p.o. box 3702  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary  General  Other (specify)	Date of Receipt  09 15 2017  Transaction ID: SA11Al.40608  Amount of Each Receipt this Period  25.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Padilla, Juan, , Dr.,  Mailing Address p.o. box 3702  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78502  C  Occupation (for Individual) physician  Aggregate Year-to-Date  250.00	Date of Receipt  10
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Padilla, Juan, , Dr.,  Mailing Address p.o. box 3702	Date of Receipt							
	City	State	Zip Code	Transaction ID : SA11AI.41367					
	McAllen	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	25.00							
	Name of Employer (for Individual)	1 .	ation (for Individual)	Memo Item					
	Self employed Receipt For:	physici		Contribution					
	Primary General Other (specify) ▼	imary General Aggregate real-to-bate V							
В.	Full Name of Individual (Last, First, Middle Initial Padilla, Juan, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address p.o. box 3702	12 15 2017							
	City	Transaction ID : SA11AI.41368							
	McAllen								
	FEC ID number of contributing federal political committee.	25.00							
	Name of Employer (for Individual) Self employed	Occupa physic	ation (for Individual) iian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify) ▼		300.00						
_	Full Name of Individual (Last, First, Middle Initial Palacios, Esteban, , Mr., Jr.	al) or Full Orga	anization Name	Date of Receipt					
O.	Mailing Address P.O. Box 3669			07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39848					
	Edinburg	TX	78540	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed	I .	ation (for Individual) investor	Memo Item contribution					
	Receipt For:	Aggregate Ye							
	Primary General	33 13							
	Other (specify)		350.00						
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			100.00					

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562

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Palacios, Esteban, , Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 17 2017 City Zip Code State Transaction ID: SA11AI.40610 Edinburg TX 78540 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Palacios, Esteban, , Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 09 15 2017 City State Zip Code Transaction ID: SA11AI.40611 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Palacios, Esteban, Mr., Jr. Date of Receipt Mailing Address P.O. Box 3669 10 19 2017 City State Zip Code Transaction ID: SA11AI.40612 TX Edinburg 78540 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Palacios, Esteban, , Mr., Jr.  Mailing Address P.O. Box 3669  City Edinburg	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41369  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Palacios, Esteban, , Mr., Jr.  Mailing Address P.O. Box 3669  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  12	
Full Name of Individual (Last, First, Middle Palimar, Prakash, , ,  Mailing Address 121 Canary  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39849  Amount of Each Receipt this Period  250.00  Memo Item contribution
	<b>&gt;</b>	350.00
TOTAL This Period (last page this line number	er only)	

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Full Name of Individual (Last, First, Midd Palimar, Prakash, , ,	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 121 Canary						
City	State	Zip Code	Transaction ID : SA11AI.40613			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) selfemployed	Occup physic	pation (for Individual) Dian	Memo Item contribution			
Receipt For:	Aggregate Y	ear-to-Date ▼				
Primary General Other (specify) ▼	, igg, egale .	2000.00				
Full Name of Individual (Last, First, Midd Palimar, Prakash, , ,	e Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 121 Canary			09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID : SA11AI.40614			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician		Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2250.00				
Full Name of Individual (Last, First, Midd Palimar, Prakash, , ,	e Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 121 Canary		,	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State TX	Zip Code	Transaction ID : SA11AI.40615			
mcallen	1/	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		250.00			
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution			
Receipt For:  Primary General  Other (specify)	Aggregate Y	ear-to-Date ▼ 2500.00				

FOR LINE NUMBER:				PAGE	3	60 OF		562	
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					for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (II BORDER HEALTH										
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Palimar, Prakash, , ,  Mailing Address 121 Canary					Date of Receipt					
			11 17 2017							
City mcallen					Transaction ID : SA11AI.41371  Amount of Each Receipt this Period					
FEC ID number of contributed federal political committee.	ting				250.00					
	me of Employer (for Individual)  Occupation (for Individual)				Memo Item					
selfemployed Receipt For:					contribution					
	neral	egale Year	-to-Date ▼ 2750.00							
Full Name of Individual (La Palimar, Prakash, , , Mailing Address 121 Canar	· · · · · · · · · · · · · · · · · · ·		Date of Receipt							
		State Zip Code TX 78504			12 15 2017					
City mcallen	Sta				Transaction ID : SA11AI.41372					
	C ID number of contributing				Amount of Each Receipt this Period  250.00					
Name of Employer (for Ind selfemployed					Memo Item contribution					
Receipt For:  Primary Ger  Other (specify) ▼	Aggr	Aggregate Year-to-Date ▼  3000.00								
Full Name of Individual (La	st, First, Middle Initial) or	Full Organi	zation Name		Date of Receipt					
Mailing Address 2004 Alex	ander Drive				07 20 2017					
City weslaco	State Zip Code TX 78596			Transaction ID : SA11AI.39850  Amount of Each Receipt this Period						
FEC ID number of contributed federal political committee.	ting	C			100.00					
selfemployed	, ,		,		Memo Item contribution					
Receipt For: Primary General		Aggregate Year-to-Date ▼								
Other (specify)		4	700.00							
SUBTOTAL of Receipts This	Page (optional)			▶	600.00					
TOTAL This Period (last pag	e this line number only)			▶						

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Pathak, Umesh, , ,  Mailing Address 2004 Alexander Drive  City weslaco	Initial) or Full Organization Name  State Zip Code TX 78596	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   800.00	100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Pathak, Umesh, , , Mailing Address 2004 Alexander Drive  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  M M / D J 2017  Transaction ID: SA11Al.40617  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Pathak, Umesh, , ,  Mailing Address 2004 Alexander Drive  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40618  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,  Mailing Address 2004 Alexander Drive	al) or Full Orga	anization Name	Date of Receipt						
		Ta	T=: 0 :	11 17 2017						
	City weslaco	State	Zip Code 78596	Transaction ID : SA11AI.41373  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) selfemployed	ation (for Individual) ian	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial Pathak, Umesh, , ,  Mailing Address 2004 Alexander Drive	Date of Receipt								
	City	12 15 2017								
	weslaco	Transaction ID : SA11AI.41374  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	100.00								
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00							
<del>-</del>	Full Name of Individual (Last, First, Middle Initial Pean, Harold, J., Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 700 Brazos			07 20 / Y Y Y Y Y Y						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39851  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer (for Individual) Self employed	Occupa physici	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 700.00							
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u>^</u>	300.00						

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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC					
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,  Mailing Address 700	Initial) or Full Organization Name	Date of Receipt				
Brazos		08 17 2017				
City	State Zip Code	Transaction ID : SA11AI.40619				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Self employed	physician	contribution				
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate real-to-bate v					
Full Name of Individual (Last, First, Middle Bean, Harold, J., Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 700  Brazos	09 15 2017					
City	State Zip Code	Transaction ID : SA11AI.40620				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 700		M = M / D = D / Y = Y = Y				
Brazos City	State Zip Code	10 19 2017 Transaction ID : SA11AI.40621				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
		Memo Item				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	Primary General Other (specify)					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00				
TOTAL This Period (last page this line numb	per only)					

FOR LINE NUMBER:					PAGE	3	64 OF	562		
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC							
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 700 Brazos								
City	State Zip Code	Transaction ID : SA11AI.41375						
Mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	100.00						
Name of Employer (for Individual)	Memo Item							
Self employed	Occupation (for Individual) physician	contribution						
Receipt For:	Aggregate Year-to-Date ▼	7						
Primary General								
Other (specify) ▼	1100.00							
Full Name of Individual (Last, First, Middle Pean, Harold, J., Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 700		M M / D D / Y Y Y Y Y Y						
Brazos	0444	12 15 2017						
City	State Zip Code	Transaction ID : SA11AI.41376						
Mission	TX 78572	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	100.00						
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00							
Full Name of Individual (Last, First, Middle Pechero, Guillermo, , Dr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 2312 La Condesa		07 20 2017						
City	State Zip Code	Transaction ID : SA11AI.39852						
Edinburg	TX 78539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	400.00						
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution						
Receipt For:	1, 7							
Primary General								
Other (specify)	2800.00							
SUBTOTAL of Receipts This Page (optional).	•	600.00						
TOTAL This Period (last page this line number	er only)							

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	Statements may not be sold or used by any pe he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Pechero, Guillermo, , Dr.,  Mailing Address 2312 La Condesa  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40622  Amount of Each Receipt this Period  400.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle I Pechero, Guillermo, , Dr.,  Mailing Address 2312 La Condesa  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General	3200.00  Initial) or Full Organization Name  State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y 2017  Transaction ID : SA11Al.40623  Amount of Each Receipt this Period  400.00  Memo Item contribution				
Tull Name of Individual (Last, First, Middle In Pechero, Guillermo, , Dr., Mailing Address 2312 La Condesa  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40624  Amount of Each Receipt this Period  400.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00				
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	Statements may not be sold or used by any pethe name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Pechero, Guillermo, , Dr.,  Mailing Address 2312 La Condesa	Date of Receipt  11 17 2017				
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.41377			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
self-employed  Receipt For:  Primary General  Other (specify) ▼	pt For: Aggregate Year-to-Date ▼ Primary General				
Full Name of Individual (Last, First, Middle Pechero, Guillermo, , Dr.,  Mailing Address 2312 La Condesa	Initial) or Full Organization Name	Date of Receipt			
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.41378			
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00				
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3716 Tigris		07			
City Edinburg	State Zip Code 78539	Transaction ID : SA11AI.39853			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00			
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) doctor	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00				
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	850.00			
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,  Mailing Address 3716 Tigris  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Date of Receipt  M M M / 2017  Transaction ID: SA11AI.40625  Amount of Each Receipt this Period  50.00  Memo Item contribution	
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,  Mailing Address 3716 Tigris  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) doctor  Aggregate Year-to-Date   450.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,  Mailing Address 3716 Tigris  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) doctor  Aggregate Year-to-Date ▼  500.00	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40627  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,  Mailing Address 3716 Tigris  City Edinburg  FEC ID number of contributing	Initial) or Full Organization Name  State Zip Code TX 78539	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41380  Amount of Each Receipt this Period
federal political committee.  Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) doctor  Aggregate Year-to-Date ▼  550.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Pena, Alberto, , Dr.,  Mailing Address 3716 Tigris  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78539  C  Occupation (for Individual) doctor  Aggregate Year-to-Date ▼	Date of Receipt  12
Full Name of Individual (Last, First, Middle Pena, Jose, , ,  Mailing Address 100 Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2800.00	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39854  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	500.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:					PAGE	3	69 OF	562			
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,  Mailing Address 100 Bluebird  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code 78504  number of contributing olitical committee.						
	Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution				
В.	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,  Mailing Address 100 Bluebird  City	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40629						
	mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed	State TX  C  Occup physic	Zip Code 78504 ation (for Individual)	Amount of Each Receipt this Period  400.00  Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye						
C.	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,  Mailing Address 100 Bluebird  City	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40630						
	mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (consist)	Occupa physici Aggregate Ye		Amount of Each Receipt this Period  400.00  Memo Item contribution				
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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C					
۱	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , ,  Mailing Address 100 Bluebird	) or Full Orga	nization Name	Date of Receipt			
-	Nia.	Otata	7in Code	11 17 2017			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.41382			
	FEC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period 400.00			
S	Name of Employer (for Individual) selfemployed Receipt For:	Occupa physicia Aggregate Yea		Memo Item contribution			
	Primary General Other (specify) ▼						
3	Full Name of Individual (Last, First, Middle Initial Pena, Jose, , , Mailing Address 100 Bluebird	Date of Receipt					
_			12 15 2017				
	City	State TX	Zip Code	Transaction ID : SA11AI.41383			
_	mcallen	17	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing ederal political committee.	C		400.00			
S	Name of Employer (for Individual) elfemployed	Occupa physici	ition (for Individual) an	Memo Item contribution			
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 4800.00				
	Full Name of Individual (Last, First, Middle Initial Pena, Juan, , ,	) or Full Orga	nization Name	Date of Receipt			
_	Mailing Address 905 S. Huisache Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Dity pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.39855			
_		1/\	10011	Amount of Each Receipt this Period			
	FEC ID number of contributing ederal political committee.	С		400.00			
s	Name of Employer (for Individual)	Occupa private	tion (for Individual) investor	Memo Item contribution			
F	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2800.00				
SU	BTOTAL of Receipts This Page (optional)			1200.00			
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	Statements may not be sold or used by any pen name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Pena, Juan, , ,  Mailing Address 905 S. Huisache Court  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary Other (specify)	State Zip Code TX Zip Code TX T8577  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  3200.00	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40631  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Pena, Juan, , ,  Mailing Address 905 S. Huisache Court  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary  Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	State   Zip Code   78577   C    Occupation (for Individual)   private investor   Aggregate Year-to-Date ▼	Date of Receipt  15 2017  Transaction ID: SA11Al.40632  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Pena, Juan, , ,  Mailing Address 905 S. Huisache Court  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78577  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   4000.00	Date of Receipt  10
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
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	s and Statements may not be sold or used by any pers sing the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC				
Full Name of Individual (Last, First, Mine Pena, Juan, , ,  Mailing Address 905 S. Huisache Court		Date of Receipt			
City	State Zip Code	11 17 2017			
pharr	TX 78577	Transaction ID : SA11AI.41384  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00	_ Contribution			
Full Name of Individual (Last, First, Mineson, Juan, , ,  Mailing Address 905 S. Huisache Court	Date of Receipt				
City pharr  FEC ID number of contributing federal political committee.	State Zip Code TX 78577	Transaction ID : SA11AI.41385  Amount of Each Receipt this Period  400.00			
Name of Employer (for Individual) self-employed  Receipt For:	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Memo Item contribution			
Primary General Other (specify) ▼	4800.00				
Full Name of Individual (Last, First, Mic. Pena, Raul, , Dr.,	ddle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3500 San Clemente		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.39856  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	125.00			
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 875.00				
SUBTOTAL of Receipts This Page (option	onal)	925.00			
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initia Pena, Raul, , Dr., Mailing Address 3500 San Clemente	ll) or Full Orga	anization Name	Date of Receipt  08 17 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40634						
	Mission	TX	78572	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	125.00								
	Name of Employer (for Individual) self-employed	Memo Item contribution								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼							
В.	Full Name of Individual (Last, First, Middle Initia Pena, Raul, , Dr.,	Date of Receipt								
	Mailing Address 3500 San Clemente	09 15 2017								
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40635						
	FEC ID number of contributing federal political committee.	C	76372	Amount of Each Receipt this Period  125.00						
	Name of Employer (for Individual) self-employed	Occupa physic	ation (for Individual) ian	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1125.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initial Pena, Raul, , Dr.,	l) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 3500 San Clemente			10 19 2017						
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40636  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		125.00						
	Name of Employer (for Individual) self-employed									
	Receipt For:  Primary General	Aggregate Ye	ear-to-Date ▼							
	Other (specify)									
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number or		<u> </u>	375.00						

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	I Statements may not be sold or used by any pethe name and address of any political committee								
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Pena, Raul, , Dr.,  Mailing Address 3500 San Clemente  City  Mission  FEC ID number of contributing federal political committee.	Initial) or Full Organization Name  State Zip Code 78572	Date of Receipt  11 17 2017  Transaction ID : SA11AI.41386  Amount of Each Receipt this Period							
Name of Employer (for Individual) self-employed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1375.00	Memo Item contribution							
Full Name of Individual (Last, First, Middle Pena, Raul, , Dr.,  Mailing Address 3500 San Clemente  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:	State Zip Code TX 78572  C  Occupation (for Individual) physician	Date of Receipt  12							
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00								
Full Name of Individual (Last, First, Middle Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39857  Amount of Each Receipt this Period  200.00  Memo Item contribution							
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	450.00							
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NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle In Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  Other (specify)   Other (specify)	State Zip Code TX 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Full Name of Individual (Last, First, Middle In Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary  Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1800.00	Date of Receipt  M M / D / 2017  Transaction ID: SA11AL40638  Amount of Each Receipt this Period  200.00  Memo Item contribution							
Full Name of Individual (Last, First, Middle In Penalo, Pedro, , Dr.,  Mailing Address 906 S. Bridge  City Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed Receipt For:  Primary General Other (specify)	State Zip Code TX 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40639  Amount of Each Receipt this Period  200.00  Memo Item contribution							
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	600.00							
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$\setminus$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Penalo, Pedro, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 906 S. Bridge			11 17 2017			
	City	State	Zip Code	Transaction ID : SA11AI.41388			
	Weslaco	TX	78596	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	Self employed	physic	ian	contribution			
	Receipt For:	Aggregate Ye		_			
	Primary General						
	Other (specify) ▼						
В.	Full Name of Individual (Last, First, Middle Initi Penalo, Pedro, , Dr.,	ial) or Full Org	anization Name	Date of Receipt			
	Mailing Address 906 S. Bridge	M M / D D / Y Y Y Y Y					
	January 300 C. Blidge		12 15 2017				
	City	State	Zip Code	Transaction ID : SA11Al.41389			
	Weslaco	TX	78596	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer (for Individual) Self employed	Occup physic	ation (for Individual) sian	Memo Item contribution			
	Receipt For:	Aggregate Ye	ear-to-Date ▼				
	Primary General  Other (specify) ▼	4	2400.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	anization Name	Date of Receipt			
٠.	Mailing Address 7005 North Cynthia			07 20 2017			
	City	State	Zip Code	Transaction ID : SA11AI.39858			
	McAllen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		100.00			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item			
	self-employee	physici	ian	contribution			
	Receipt For:	Aggregate Ye					
	Primary General	Aggregate Te	to Bate +				
	Other (specify)	1	700.00				
	SUBTOTAL of Receipts This Page (optional)		<u> </u>	500.00			
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Α.	Full Name of Individual (Last, First, Middle Initial Pereira, Nicholas, , Dr.,  Mailing Address 7005 North Cynthia	al) or Full Orga	anization Name	Date of Receipt  08 17 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40640						
	McAllen	TX	78504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee	ation (for Individual) ian	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00							
В.	Full Name of Individual (Last, First, Middle Initial Pereira, Nicholas, , Dr.,	Date of Receipt								
	Mailing Address 7005 North Cynthia	09 15 2017								
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.40641  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	1001	100.00						
	Name of Employer (for Individual) self-employee									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Pereira, Nicholas, , Dr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 7005 North Cynthia			10 19 2017						
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40642  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer (for Individual) self-employee									
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼							
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s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	300.00						
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Pereira, Nicholas, , Dr.,  Mailing Address 7005 North Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   Zip Code   78504   C   Occupation (for Individual)   physician   Aggregate Year-to-Date   1100.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41390  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Pereira, Nicholas, , Dr.,  Mailing Address 7005 North Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle I	State   Zip Code   78504   C    Occupation (for Individual)   physician    Aggregate Year-to-Date ▼	Date of Receipt  12 15 2017  Transaction ID: SA11Al.41391  Amount of Each Receipt this Period  100.00  Memo Item contribution
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)	State   Zip Code   78503   C	Date of Receipt    Mark
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	Statements may not be sold or used by any perthe name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Perez, Florencia, , Dr.,  Mailing Address 4600 Victoria  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78503  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  M M
Full Name of Individual (Last, First, Middle Perez, Florencia, , Dr.,  Mailing Address 4600 Victoria  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   This is the self-and of the	State Zip Code 78503  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  900.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40647  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Perez, Florencia, , Dr.,  Mailing Address 4600 Victoria  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40648  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and S	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions					
or for commercial purposes, other than using the	e name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Perez, Florencia, , Dr.,  Mailing Address 4600 Victoria	itial) or Full Organization Name	Date of Receipt					
City	Choko Zin O I	11 17 2017					
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.41394					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	private investor	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00						
Full Name of Individual (Last, First, Middle In Perez, Florencia, , Dr.,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 4600 Victoria	Malling Address 4600 Victoria						
City	State Zip Code	12 15 2017  Transaction ID : SA11AI.41395					
McAllen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00						
Full Name of Individual (Last, First, Middle In Perez, Francisco, , Dr.,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 4726 S. Jackson		07					
City	State Zip Code TX 78539	Transaction ID : SA11AI.39861					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	050.00						
SUBTOTAL of Receipts This Page (optional)		250.00					
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						PAGE	3	81 OF		562
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Perez, Francisco, , Dr.,  Mailing Address 4726 S. Jackson  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    Mark   2017   2017     Transaction ID : SA11Al.40649     Amount of Each Receipt this Period     Memo Item   Contribution
Full Name of Individual (Last, First, Middle I Perez, Francisco, , Dr.,  Mailing Address 4726 S. Jackson  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   450.00	Date of Receipt  09 15 2017  Transaction ID: SA11Al.40650  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Perez, Francisco, , Dr.,  Mailing Address 4726 S. Jackson  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40651  Amount of Each Receipt this Period  50.00  Memo Item contribution
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\	DER HEALTH FEDERAL PA	/C						
Perez,	ne of Individual (Last, First, Middle Initial, Francisco, , Dr.,	) or Full Orga	nization Name	Date of Receipt				
Mailing /	Address 4726 S. Jackson			11 17 2017				
City		State	Zip Code	Transaction ID : SA11AI.41396				
Edinbur	g	TX	78539	Amount of Each Receipt this Period				
	number of contributing political committee.	С		50.00				
Name of	f Employer (for Individual)	tion (for Individual)	Memo Item					
self-emp	ployee	physicia	an	contribution				
	imary General	Aggregate Yea						
Ot	ther (specify) ▼		550.00					
	ne of Individual (Last, First, Middle Initial t, Francisco, , Dr.,	nization Name	Date of Receipt					
	Address 4726 S. Jackson		12 15 2017					
City	_	State	Zip Code	Transaction ID : SA11AI.41397				
Edinburg		TX	78539	Amount of Each Receipt this Period				
	number of contributing political committee.	С		50.00				
self-emp	· ·	Occupa physicia	tion (for Individual) an	Memo Item contribution				
Receipt		Aggregate Yea	ar-to-Date ▼					
	imary		600.00					
	ne of Individual (Last, First, Middle Initial z, Guillermo, , Dr.,	) or Full Orga	nization Name	Date of Receipt				
	Address 7333 N. 4th Street			07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	1	State TX	Zip Code 78504	Transaction ID : SA11AI.39862  Amount of Each Receipt this Period				
	number of contributing political committee.	С		400.00				
Name of Self emp	f Employer (for Individual) bloyed	Occupa physicia	tion (for Individual) nn	Memo Item contribution				
Receipt								
	imary General ther (specify)	7	2800.00					
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FOR LINE NUMBER: PAGE 383 OF 562 Use separate schedule(s) for each category of the Detailed Summary Page

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\	AME OF COMMITTEE (IN FUII) ORDER HEALTH FEDERAL PA	лС		
A. P	cAllen  EC ID number of contributing deral political committee.  The ame of Employer (for Individual) descript For:  Primary General Other (specify)   Other (specify)	State TX  C  Occur physic	Zip Code 78504  pation (for Individual) cian  /ear-to-Date ▼  3200.00	Date of Receipt  M M M / 2017  Transaction ID: SA11AI.40652  Amount of Each Receipt this Period  400.00  Memo Item contribution
B. PMa	cAllen  EC ID number of contributing deral political committee.  ame of Employer (for Individual) employed  exceipt For:  Primary General  Other (specify)   Other (specify)	State TX  C  Occup physi  Aggregate Y	Zip Code 78504  pation (for Individual) ician  rear-to-Date ▼  3600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. F  Ma  Cit  M  FE  fec  Na	ame of Employer (for Individual)	State TX  C Occup	Zip Code 78504	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40654  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUB	STOTAL of Receipts This Page (optional)		<b>&gt;</b>	1200.00
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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC.		
A N	Full Name of Individual (Last, First, Middle Initial Perez, Guillermo, , Dr., Mailing Address 7333  N. 4th Street  City McAllen  FEC ID number of contributing rederal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  General  Other (specify)	State TX  C Occuphysi	Zip Code 78504	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41398  Amount of Each Receipt this Period  400.00  Memo Item contribution
B	Primary General Other (specify) ▼	State TX  C  Occuphysic	Zip Code 78504  pation (for Individual) ician  /ear-to-Date ▼  4800.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41399  Amount of Each Receipt this Period  400.00  Memo Item contribution
C N	Full Name of Individual (Last, First, Middle Initial Perez-Young, Irene, , Dr.,  Mailing Address 109 N. Nueces Park Lane  City  Harlingen  FEC ID number of contributing rederal political committee.  Name of Employer (for Individual) reself-employee  Receipt For:  Primary General  Other (specify)	State TX  C Occup physic	Zip Code 78552	Date of Receipt  07
SU	JBTOTAL of Receipts This Page (optional)		<u> </u>	850.00
то	OTAL This Period (last page this line number on	ly)		

Other (specify)

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

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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Perez-Young, Irene, , Dr., Date of Receipt Mailing Address 109 N. Nueces Park Lane 2017 City Zip Code State Transaction ID: SA11AI.40655 TX Harlingen 78552 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Perez-Young, Irene, , Dr., Date of Receipt Mailing Address 109 N. Nueces Park Lane 09 15 2017 City State Zip Code Transaction ID: SA11AI.40656 TX Harlingen 78552 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Perez-Young, Irene, , Dr., Date of Receipt Mailing Address 109 N. Nueces Park Lane 10 19 2017 City State Zip Code Transaction ID: SA11AI.40657 TX Harlingen 78552 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle I Pierson, Claudia, , ,  Mailing Address 6912 N. Peking	nitial) or Full Organization Name	Date of Receipt  O7 20 2017		
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.39864  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	400.00			
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution		
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00			
Full Name of Individual (Last, First, Middle I Pierson, Claudia, , ,  Mailing Address 6912 N. Peking	nitial) or Full Organization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.40658  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	, and the second			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00			
Full Name of Individual (Last, First, Middle I Pierson, Claudia, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 6912 N. Peking  City	State Zip Code	09 15 2017		
mcallen	TX 78501	Transaction ID : SA11AI.40659  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3600.00			
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Pierson, Claudia, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 6912 N. Peking		_	10 19 2017
	City	State	Zip Code	Transaction ID : SA11AI.40660
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item
	selfemployed	physi	cian	contribution
	Receipt For:  Primary General  Other (specify) ▼	1.,	rear-to-Date ▼ 4000.00	
	Full Name of Individual (Last, First, Middle Initia	ol) or Full Or	conjustion Name	
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	Mailing Address 6912 N. Peking			11 17 2017
	City	Ctoto	Zin Codo	11 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.41400
	mcallen	TX	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify) ▼		4400.00	
	Full Name of Individual (Last, First, Middle Initial Pierson, Claudia, , ,	al) or Full Orç	ganization Name	Date of Receipt
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	Mailing Address 6912 N. Peking			12 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.41401
	mcallen	TX	78501	
	- Induitin		70001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occur	oation (for Individual)	Memo Item
	selfemployed	physic	cian	contribution
	Receipt For:	1		†
	Primary General	Aggregate Y	'ear-to-Date ▼	
	Other (specify)		4800.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Pope, Bill, , Dr.,  Mailing Address 5600 North 5th Street	al) or Full Org	anization Name	Date of Receipt
	City McAllen	State	Zip Code 78502	07 20 2017  Transaction ID : SA11AI.39865
	FEC ID number of contributing federal political committee.	С	76302	Amount of Each Receipt this Period 400.00
	Name of Employer (for Individual) self-employee Receipt For: Primary General	Occup physic Aggregate Ye		Memo Item contribution
	Other (specify) ▼		2800.00	
В.	Full Name of Individual (Last, First, Middle Initia Pope, Bill, , Dr.,  Mailing Address 5600 North 5th Street	al) or Full Org	anization Name	Date of Receipt  Man A 2017
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.40662  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer (for Individual) self-employee	Occup	ation (for Individual) cian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 3200.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Pope, Bill, , Dr.,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 5600 North 5th Street			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.40661  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employee Receipt For:	physic		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 3600.00	
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Full Name of Individual (Last, First, Middle Pope, Bill, , Dr.,  Mailing Address 5600 North 5th Street		Date of Receipt  10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40663
McAllen  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  4000.00	contribution
Full Name of Individual (Last, First, Middle Pope, Bill, , Dr.,  Mailing Address 5600 North 5th Street	Initial) or Full Organization Name	Date of Receipt  11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41402
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00	
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	
Full Name of Individual (Last, First, Middle Pope, Bill, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5600 North 5th Street		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.41403
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼  4800.00	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Porras, Jessica, , Ms,  Mailing Address 5128 North 10th Street	al) or Full Orga	anization Name	Date of Receipt  09 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.40665
	McAllen	TX	78504	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	self-employee	private	investor	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	
В.	Full Name of Individual (Last, First, Middle Initial Porras, Jessica, , Ms,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 5128 North 10th Street			10 19 2017
	City	State	Zip Code 78504	Transaction ID : SA11AI.40666
	McAllen  FEC ID number of contributing federal political committee.	C	76504	Amount of Each Receipt this Period  25.00
	Name of Employer (for Individual) self-employee		ation (for Individual)	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Porras, Jessica, , Ms,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 5128 North 10th Street			11 17 2017
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41404  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) self-employee	I .	ation (for Individual) investor	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)	7	275.00	
H	SUBTOTAL of Receipts This Page (optional)			75.00

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Full Name of Individual (Last, First, Middle In Porras, Jessica, , Ms,  Mailing Address 5128 North 10th Street	nitial) or Full Organization Name	Date of Receipt  12
City	State Zip Code TX 78504	Transaction ID : SA11AI.41405
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  25.00
Name of Employer (for Individual) self-employee Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼  300.00	Memo Item contribution
Full Name of Individual (Last, First, Middle III)  Preciado, Sergio, , ,  Mailing Address 521 E. Bluebird	,	Date of Receipt  07 20 2017
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.39867  Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1750.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Preciado, Sergio, , ,  Mailing Address 521 E. Bluebird	nitial) or Full Organization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code 78504	Transaction ID : SA11AI.40667  Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2000.00	Memo Item contribution
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		The state of the s
Full Name of Individual (Last, First, Middle I Preciado, Sergio, , ,  Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2250.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40668  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Preciado, Sergio, , , Mailing Address 521 E. Bluebird  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   2500.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40669  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Preciado, Sergio, , , Mailing Address 521 E. Bluebird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41406  Amount of Each Receipt this Period  250.00  Memo Item contribution
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\	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	vC		
۱	Full Name of Individual (Last, First, Middle Initial) Preciado, Sergio, , ,	or Full Orga	nization Name	Date of Receipt
N	Mailing Address 521 E. Bluebird			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID : SA11AI.41407
-	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed	Occupa	tion (for Individual)	Memo Item
_	Descript Fam.	Aggregate Yea		Continuation
	Primary General Other (specify) ▼	Aggregate Tet	3000.00	
3	Full Name of Individual (Last, First, Middle Initial) Prieto-Harris, Robert, , Dr.,	) or Full Orga	nization Name	Date of Receipt
_	Mailing Address 7516 N. 3rd	T-	To a second	07 20 / 2017
	Dity	State	Zip Code	Transaction ID : SA11AI.39868
-	McAllen	17	78504	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		50.00
5	Name of Employer (for Individual) Self employed	Occupa physici	ition (for Individual) an	Memo Item contribution
F		Aggregate Yea	ar-to-Date ▼	
	Primary General  Other (specify) ▼		350.00	
	Full Name of Individual (Last, First, Middle Initial) Prieto-Harris, Robert, , Dr.,	) or Full Orga	nization Name	Date of Receipt
-	Mailing Address 7516 N. 3rd			08 17 2017
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40670  Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		50.00
	Name of Employer (for Individual) Self employed	Occupa	tion (for Individual)	Memo Item contribution
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	Primary General Other (specify)	4	400.00	
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Full Name of Individual (Last, First, Middle Prieto-Harris, Robert, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7516 N. 3rd		09 15 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40671
	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle Prieto-Harris, Robert, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7516 N. 3rd	la	10 19 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40672
	76504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Midd)  Prieto-Harris, Robert, , Dr.,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7516 N. 3rd		11 17 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.41408
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	50.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	550.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Prieto-Harris, Robert, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 7516 N. 3rd		12 15 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.41409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)  Self employed  Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle In Puenta, Rosalba, E., Ms,  Mailing Address 1701 N. Ebony	nitial) or Full Organization Name	Date of Receipt
City Pharr	State Zip Code TX 78577	7 Transaction ID : SA11AI.40674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle In Puenta, Rosalba, E., Ms,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1701 N. Ebony		10 19 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.40675  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) private investor	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Puenta, Rosalba, E., Ms,  Mailing Address 1701 N. Ebony	Initial) or Full Organization Name	Date of Receipt			
City	State Zip Code TX 78577	11 17 2017  Transaction ID : SA11AI.41410			
Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period  25.00			
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Memo Item contribution			
Primary General Other (specify) ▼	275.00				
Full Name of Individual (Last, First, Middle  Puenta, Rosalba, E., Ms,  Mailing Address 1701 N. Ebony	Initial) or Full Organization Name	Date of Receipt  12 15 2017			
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.41411 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name of Individual (Last, First, Middle Quach, Tin, , Dr.,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 100 E. Zenaida		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40677  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution			
Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00				
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Quach, Tin, , Dr., Date of Receipt Mailing Address 100 E. Zenaida 19 2017 City Zip Code State Transaction ID: SA11AI.40678 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Quach, Tin,, Dr., Date of Receipt Mailing Address 100 E. Zenaida 17 2017 11 City State Zip Code Transaction ID: SA11AI.41412 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 275.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Quach, Tin, , Dr., Date of Receipt Mailing Address 100 E. Zenaida 15 2017 City State Zip Code Transaction ID: SA11AI.41413 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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FOR LINE NUMBER:				PAGE	3	98 OF		62
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Quinteros, Maria, , Dr.,  Mailing Address 702 South 1st Lane	al) or Full Org	anization Name	Date of Receipt					
	City	State	Zip Code	07 20 2017  Transaction ID : SA11AI.39871					
	McAllen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary  General  Aggregate Year-to-Date ▼							
В.	Full Name of Individual (Last, First, Middle Initial Quinteros, Maria, , Dr.,	Date of Receipt							
	Mailing Address 702 South 1st Lane	State	Zip Code	08 17 2017					
	City McAllen	Transaction ID : SA11AI.40679  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	50.00							
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) cian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Quinteros, Maria, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 702 South 1st Lane			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City McAllen	State TX	Zip Code 78501	Transaction ID : SA11AI.40680  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) selfemployed	Occup: physici	ation (for Individual) ian	Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 450.00						
H	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			150.00					

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				son for the purpose of soliciting contributions o solicit contributions from such committee.
\	MMITTEE (In Full) HEALTH FEDERAL PA	/C		
Full Name of I Quinteros, N	ndividual (Last, First, Middle Initia Maria, , Dr.,	l) or Full Orga	nization Name	Date of Receipt
Mailing Addres	s 702 South 1st Lane			10 19 2017
City		State	Zip Code	Transaction ID : SA11AI.40681
McAllen		TX	78501	Amount of Each Receipt this Period
FEC ID numbe federal politica	er of contributing I committee.	С		50.00
Name of Empl	oyer (for Individual)	Occupa	tion (for Individual)	Memo Item
selfemployed		physicia	an .	contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
Primary	General	3334.0 100		
Other (sp	pecify) ▼	<u> </u>	500.00	
	ndividual (Last, First, Middle Initia Maria, , Dr.,	l) or Full Orga	nization Name	Date of Receipt
	S 702 South 1st Lane			M = M / D = D / Y = Y = Y
· ·	1 02 00 a.i. 10t <u>a</u> .i.			11 17 2017
City		State	Zip Code	Transaction ID : SA11AI.41414
McAllen		Amount of Each Receipt this Period		
FEC ID number	er of contributing	С		
federal politica	S S		50.00	
Name of Employed	loyer (for Individual)	Occupa physicia	tion (for Individual) an	Memo Item contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
Primary	General	00 0		
Other (s	pecify) ▼		550.00	
	ndividual (Last, First, Middle Initia , Maria, , Dr.,	l) or Full Orga	nization Name	Date of Receipt
Mailing Addres	S 702 South 1st Lane			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID : SA11AI.41415
McAllen		TX	78501	Amount of Each Receipt this Period
FEC ID number	er of contributing			50.00
federal politica	I committee.	C		50.00
Name of Empl	oyer (for Individual)	Memo Item		
selfemployed	oyer (101 iriulvidual)	contribution		
Receipt For:		physicia		
Primary	General	Aggregate Yea	ar-to-Date ▼	
Other (s			600.00	
		4	45 45	
SUBTOTAL of F	Receipts This Page (optional)		·····	150.00
TOTAL This Per	iod (last page this line number on	ly)		

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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rafols, Rafael, , Dr., Date of Receipt Mailing Address 3113 15 2017 Capri Court City Zip Code State Transaction ID: SA11AI.40683 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rafols, Rafael, , Dr., Date of Receipt Mailing Address 3113 10 19 2017 Capri Court City State Zip Code Transaction ID: SA11AI.40684 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rafols, Rafael, Dr., Date of Receipt Mailing Address 3113 17 2017 Capri Court City State Zip Code Transaction ID: SA11AI.41416 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

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				on for the purpose of soliciting contributions o solicit contributions from such committee.	
\	OF COMMITTEE (In Full) DER HEALTH FEDERAL PA	\C			
A. Rafols	me of Individual (Last, First, Middle Initial) s, Rafael, , Dr.,	) or Full Orga	nization Name	Date of Receipt	
iviailing	Address 3113			12 15 2017	
City	Capri Court	State	Zip Code	Transaction ID : SA11AI.41417	
Mission	า	TX	78572	Amount of Each Receipt this Period	
	number of contributing political committee.	С		25.00	
Self em		Occupa physicia	tion (for Individual) an	Memo Item contribution	
	rimary General  Other (specify) ▼				
3. Rami	me of Individual (Last, First, Middle Initial rez, Ernesto, , Dr., Address P.O.Box 720298	) or Full Orga	nization Name	Date of Receipt	
		State	I=: 0 :	07 20 2017	
City	_	Zip Code 78502	Transaction ID : SA11AI.39873		
McAller		Amount of Each Receipt this Period			
	number of contributing political committee.	ů l			
self-emp	· ·	Occupa physicia	tion (for Individual) an	Memo Item contribution	
	rimary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 700.00		
	me of Individual (Last, First, Middle Initial irez, Ernesto, , Dr.,	) or Full Orga	nization Name	Date of Receipt	
	Address P.O.Box 720298	1 -	I m	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City McAlle	n	State TX	Zip Code 78502	Transaction ID : SA11AI.40685	
FEC ID	number of contributing political committee.	C		Amount of Each Receipt this Period	
self-em		Occupa physicia	tion (for Individual) n	Memo Item contribution	
	rimary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 800.00		
SUBTOTA	AL of Receipts This Page (optional)	_		225.00	
TOTAL TI	his Period (last page this line number onl	y)			

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	Statements may not be sold or used by any pe he name and address of any political committee									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle I Ramirez, Ernesto, , Dr.,  Mailing Address P.O.Box 720298  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code TX 78502  Occupation (for Individual)	Date of Receipt  M M M / D D / Y Y Y Y Y  O9 15 2017  Transaction ID : SA11AI.40686  Amount of Each Receipt this Period  100.00  Memo Item								
self-employee  Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  900.00	contribution								
Full Name of Individual (Last, First, Middle I Ramirez, Ernesto, , Dr.,  Mailing Address P.O.Box 720298  City  McAllen  FEC ID number of contributing	State Zip Code TX 78502	Date of Receipt  10 19 2017  Transaction ID : SA11Al.40687  Amount of Each Receipt this Period								
Receipt For:  Primary  Other (specify) ▼  Other (specify) ■	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1000.00	Memo Item contribution								
Full Name of Individual (Last, First, Middle I Ramirez, Ernesto, , Dr.,  Mailing Address P.O.Box 720298  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78502  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1100.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41418  Amount of Each Receipt this Period  100.00  Memo Item contribution								
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00								
TOTAL This Period (last page this line numbe	er only)									

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

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramirez, Ernesto, , Dr., Date of Receipt Mailing Address P.O.Box 720298 15 2017 City Zip Code State Transaction ID: SA11AI.41419 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 07 2017 City State Zip Code Transaction ID: SA11AI.39874 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 17 2017 City State Zip Code Transaction ID: SA11AI.40688 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 404 OF 562

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NAME OF COMMI BORDER HE	TTEE (In Full) EALTH FEDERAL PA	4C		
Ramirez, Samue		l) or Full Orga	nization Name	Date of Receipt
Mailing Address 52	201 N. 10th			09 15 2017
City		State	Zip Code	Transaction ID : SA11AI.40689
McAllen		TX	78504	Amount of Each Receipt this Period
FEC ID number of federal political con		С		40.00
Name of Employer	(for Individual)	Occupa	tion (for Individual)	Memo Item
self-employee		physicia	an	contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	7
Primary Other (specify	General y) ▼		360.00	
Ramirez, Sam		l) or Full Orga	nization Name	Date of Receipt
Mailing Address 52	201 N. 10th	State	Zip Code	10 19 2017
City		Transaction ID : SA11AI.40690		
McAllen		Amount of Each Receipt this Period		
FEC ID number of federal political con	· ·	40.00		
Name of Employer self-employee	(for Individual)	Occupa physici	ation (for Individual) an	Memo Item contribution
Receipt For:		Aggregate Yea	ar-to-Date ▼	
Primary Other (specify	General y) ▼	4	400.00	
Full Name of Indivi	idual (Last, First, Middle Initia	l) or Full Orga	nization Name	Date of Receipt
Mailing Address 52				11 17 2017
City		State TX	Zip Code	Transaction ID : SA11AI.41420
McAllen		1/	78504	Amount of Each Receipt this Period
FEC ID number of federal political con	· ·	С		40.00
Name of Employer self-employee	(for Individual)	Occupa physicia	tion (for Individual)	Memo Item contribution
Receipt For:		Aggregate Yea		-
Primary Other (specify	General y)	1.99.09410 100	440.00	
SUBTOTAL of Recei	pts This Page (optional)			120.00
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562

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ramirez, Samuel, , Dr., Date of Receipt Mailing Address 5201 N. 10th 15 2017 City Zip Code State Transaction ID: SA11AI.41421 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Ramirez, Sergio, , , Date of Receipt Mailing Address 1608 Woods Drive 07 2017 City State Zip Code Transaction ID: SA11AI.39875 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Ramirez, Sergio, , , Date of Receipt Mailing Address 1608 Woods Drive 17 2017 City State Zip Code Transaction ID: SA11AI.40691 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 540.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any pene name and address of any political committee									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , ,  Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2250.00	Date of Receipt  M M								
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , , Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)   General	State TX Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2500.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40693  Amount of Each Receipt this Period  250.00  Memo Item contribution								
Full Name of Individual (Last, First, Middle In Ramirez, Sergio, , ,  Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41422  Amount of Each Receipt this Period  250.00  Memo Item contribution								
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00								
TOTAL This Period (last page this line numbe	r only)									

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Ramirez, Sergio, , ,  Mailing Address 1608 Woods Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General	State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41423  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ramos, Gustavo, , , Mailing Address 1301 S. Perking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	State Zip Code 78501  C  Occupation (for Individual) physicain  Aggregate Year-to-Date  2800.00	Date of Receipt  O7 20 2017  Transaction ID: SA11Al.39876  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ramos, Gustavo, , ,  Mailing Address 1301 S. Perking  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physicain  Aggregate Year-to-Date  3200.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1050.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC								
Α.	Mailing Address 1301 S. Perking			Date of Receipt  09 15 2017						
	City mcallen	State	Zip Code 78501	Transaction ID : SA11AI.40695						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  400.00						
	Name of Employer (for Individual)		ation (for Individual)	Memo Item						
	selfemployed Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye		contribution						
В.	Full Name of Individual (Last, First, Middle Initial Ramos, Gustavo, , ,  Mailing Address 1301 S. Perking	Date of Receipt  10 19 2017								
	City									
	mcallen	TX	Zip Code 78501	Transaction ID : SA11AI.40696  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	400.00								
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ain	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 4000.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Ramos, Gustavo, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 1301 S. Perking			11 17 2017						
	City mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.41424  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer (for Individual) selfemployed	Occupa physica	ation (for Individual) ain	Memo Item contribution						
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 4400.00							
H	SUBTOTAL of Receipts This Page (optional)			1200.00						

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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 use a name and address of any political	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Ramos, Gustavo, , ,  Mailing Address 1301 S. Perking	itial) or Full Organization Name	Date of Receipt
O't.	04-1	12 15 2017
City mcallen	State Zip Code 78501	Transaction ID : SA11AI.41425
	// // // // // // // // // // // // //	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer (for Individual)	Occupation (for Individua	Memo Item
selfemployed	physicain	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	4	800.00
Full Name of Individual (Last, First, Middle In Ramos, Keith, , Dr.,	itial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 4412	07 20 / 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.39877
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) selfemployed	Occupation (for Individua physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼		350.00
Full Name of Individual (Last, First, Middle In Ramos, Keith, , Dr.,	itial) or Full Organization Name	Date of Receipt
Mailing Address P.O. Box 4412		08 17 / 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.40697
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individua	
selfemployed Receipt For:	physician	contribution
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	7 7	400.00
SUBTOTAL of Receipts This Page (optional)		500.00
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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC								
Full Name of Individual (Last, First, Middle Ramos, Keith, , Dr.,	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address P.O. Box 4412									
City	State Zip Code	Transaction ID : SA11AI.40698							
McAllen	TX 78502	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item							
Receipt For:	Aggregate Year-to-Date ▼	Contribution							
Primary General Other (specify) ▼	]								
Full Name of Individual (Last, First, Middle Ramos, Keith, , Dr.,	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address P.O. Box 4412	10 19 2017								
City	State Zip Code	Transaction ID : SA11AI.40699							
McAllen	TX 78502	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	50.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify) ▼	500.00	]							
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt							
Mailing Address P.O. Box 4412		M = M / D = D / Y = Y = Y = Y = 1							
City McAllen	State Zip Code 78502	Transaction ID : SA11AI.41426  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	50.00							
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution							
Receipt For:	Aggregate Year-to-Date ▼								
Primary General Other (specify)	550.00	]							
SUBTOTAL of Receipts This Page (optional	)	150.00							
TOTAL This Period (last page this line numl	ber only)								

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC						
Full Name of Individual (Last, First, Middle Ramos, Keith, , Dr.,  Mailing Address P.O. Box 4412	Initial) or Full Orga	nization Name	Date of Receipt				
City	State	Zin Codo	12 15 2017				
City McAllen	TX	Zip Code 78502	Transaction ID : SA11AI.41427  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) selfemployed Receipt For:	physicia		Memo Item contribution				
Primary General  Other (specify) ▼	Primary General Agglegate Teal-10-Date V						
Full Name of Individual (Last, First, Middle Rangel, Mario, , Mr.,  Mailing Address 3213 Lance Lot Lane	Initial) or Full Orga	nization Name	Date of Receipt				
	Ctoto	Zin Codo	09 15 2017				
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.40704  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) selfemployed		tion (for Individual) investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00					
Full Name of Individual (Last, First, Middle Rangel, Mario, , Mr.,	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 3213 Lance Lot Lane			10 19 / Y = Y = Y = Y = Y				
City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.40705				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) selfemployed	Occupa private i	tion (for Individual) nvestor	Memo Item contribution				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional).		·····	100.00				
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\	ME OF COMMITTEE (In Full)  ORDER HEALTH FEDERAL PA	vC						
<b>1.</b> Ra	Name of Individual (Last, First, Middle Initial angel, Mario, , Mr.,	nization Name	Date of Receipt					
Mai	ling Address 3213 Lance Lot Lane			11 17 2017				
City		State	Zip Code	Transaction ID : SA11AI.41430				
Edi	inburg	TX	78539	Amount of Each Receipt this Period				
	CID number of contributing eral political committee.	С		25.00				
Nan	ne of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
	employed	private	investor	contribution				
Rec	eipt For: Primary General	Aggregate Yea	ar-to-Date ▼					
	Other (specify) ▼							
	Name of Individual (Last, First, Middle Initial angel, Mario, , Mr.,	) or Full Orga	nization Name	Date of Receipt				
Mail	ling Address 3213 Lance Lot Lane	12 15 2017						
City		State	Zip Code	Transaction ID : SA11AI.41431				
Edi	nburg	TX	78539	Amount of Each Receipt this Period				
	CID number of contributing eral political committee.	С		25.00				
	ne of Employer (for Individual) employed		tion (for Individual) investor	Memo Item contribution				
Rec		Aggregate Yea	ar-to-Date ▼					
	Primary General  Other (specify) ▼		300.00					
	Name of Individual (Last, First, Middle Initial angel, Soraya, , Ms,	) or Full Orga	nization Name	Date of Receipt				
	ling Address 2010 S. Cynthia Ste 110			09 15 2017				
City Mc	Allen	State TX	Zip Code 78503	Transaction ID : SA11AI.40707				
	C ID number of contributing			Amount of Each Receipt this Period				
	eral political committee.	С		25.00				
	ne of Employer (for Individual) employed	Occupa private i	tion (for Individual) nvestor	Memo Item contribution				
Rec	ceipt For:	Aggregate Yea	ar-to-Date ▼					
	Primary General Other (specify)		225.00					
SUBT	OTAL of Receipts This Page (optional)		·····	75.00				
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FOR LINE NUMBER: PAGE 413 OF 562 Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi Rangel, Soraya, , Ms,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2010 S. Cynthia Ste 110			10 19 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40708				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	selfemployed	privat	e investor	contribution				
	Receipt For:  Primary General  Other (specify) ▼		ear-to-Date ▼ 250.00					
В.	Full Name of Individual (Last, First, Middle Initi Rangel, Soraya, , Ms,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2010 S. Cynthia Ste 110			11 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.41432				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	25.00						
	Name of Employer (for Individual) selfemployed		oation (for Individual) e investor	Memo Item contribution				
	Receipt For:	Aggregate Y	ear-to-Date ▼					
	Primary General  Other (specify) ▼	4	275.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initi Rangel, Soraya, , Ms,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 2010 S. Cynthia Ste 110			12 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.41433				
	McAllen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item				
	selfemployed		e investor	contribution				
	Receipt For:	1.	ear-to-Date ▼	1				
	Primary General	Aggregate	ear-to-date v					
	Other (specify)		300.00					
s	SUBTOTAL of Receipts This Page (optional)		·····	75.00				
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	y information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Mailing Address 1500 Southland Drive			Date of Receipt  07 20 7 2017
	City weslaco FEC ID number of contributing	State TX	Zip Code 78596	Transaction ID : SA11AI.39881  Amount of Each Receipt this Period  125.00
	Receipt For:  Primary  Other (specify) ▼  Name of Employer (for Individual)  Selfemployed  General  Other (specify) ▼			Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initial Reddy, R.V., , , Mailing Address 1500 Southland Drive	al) or Full Org	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City weslaco FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	Transaction ID : SA11AI.40709  Amount of Each Receipt this Period  125.00
	Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution
C.	Full Name of Individual (Last, First, Middle Initial Reddy, R.V., , ,  Mailing Address 1500 Southland Drive	al) or Full Org	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City weslaco  FEC ID number of contributing federal political committee.	State TX	Zip Code 78596	Transaction ID : SA11AI.40710  Amount of Each Receipt this Period  125.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Occup physici Aggregate Ye		Memo Item contribution
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			375.00

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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl Reddy, R.V., , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1500 Southland Drive		10 19 / Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.40711
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middl Reddy, R.V., , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1500 Southland Drive		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.41434
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1375.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1500 Southland Drive		12 15 2017
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.41435
-	70000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	375.00
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 416 OF 562 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle I Reddy, Vangala, , ,  Mailing Address 605 Tulip	nitial) or Full Organization Na	nme	Date of Receipt
011			07 20 2017
City mcallen	State Zip Code TX 78504		Transaction ID : SA11AI.39882
	/8504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual)	Occupation (for Inc	dividual)	Memo Item
selfemployed	physician		contribution
Receipt For:	Aggregate Year-to-Date	<b>r</b>	
Primary General Other (specify) ▼		1400.00	
Full Name of Individual (Last, First, Middle I Reddy, Vangala, , ,	nitial) or Full Organization Na	me	Date of Receipt
Mailing Address 605 Tulip			08 17 2017
City	State Zip Code 78504	_	Transaction ID : SA11AI.40712
mcallen	TX 78504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer (for Individual) selfemployed	Occupation (for Inc		Memo Item contribution
Receipt For:	Aggregate Year-to-Date	<b>7</b>	
Primary General Other (specify) ▼		1600.00	
Full Name of Individual (Last, First, Middle I Reddy, Vangala, , ,	nitial) or Full Organization Na	ime	Date of Receipt
Mailing Address 605 Tulip			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID : SA11AI.40713
mcallen	TX 78504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) selfemployed	Occupation (for Inc	, l	Memo Item contribution
Receipt For:	T		
Primary General	Aggregate Year-to-Date		
Other (specify)		1800.00	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line numbe	r only)		

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				rson for the purpose of soliciting contributions to solicit contributions from such committee.
	COMMITTEE (In Full) ER HEALTH FEDERAL PA	/C		
City mcallen  FEC ID nu federal po  Name of E selfemploy Receipt Fo Othe	or: er (specify) ▼	State TX  C  Occupat physicia  Aggregate Yea	Zip Code 78504 tion (for Individual) an ar-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40714  Amount of Each Receipt this Period  200.00  Memo Item contribution
Reddy, Mailing Ad  City mcallen FEC ID nu federal po  Name of B selfemploy  Receipt Fo Prim Othe	or: er (specify) ▼	State TX  C  Occupa physicia Aggregate Yea	Zip Code 78504  tion (for Individual) an ar-to-Date ▼  2200.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41436  Amount of Each Receipt this Period  200.00  Memo Item contribution
City  Mailing Ad  City  mcallen  FEC ID nu federal poi  Name of E selfemploy  Receipt Fo	or:	State TX	Zip Code 78504 tion (for Individual)	Date of Receipt  12
SUBTOTAL	of Receipts This Page (optional)		<b>&gt;</b>	600.00
TOTAL This	Period (last page this line number on	ly)		45

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initi-Reinoso, Manuel, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt					
	Mailing Address 1400 E Ridge suite 7			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.40716					
	McAllen	TX	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	self-employee	physi	cian	contribution					
	Receipt For:  Primary General  Other (specify) ▼	' '	rear-to-Date ▼						
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В.	Full Name of Individual (Last, First, Middle Initi-Reinoso, Manuel, , Dr.,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 1400 E Ridge suite 7			M M / D D / Y Y Y Y Y					
	City	Ctoto	Zin Codo	10 19 2017					
	City	State	Zip Code	Transaction ID : SA11AI.40717					
	McAllen	17	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	25.00							
	Name of Employer (for Individual) self-employee	Occu physi	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	∕ear-to-Date ▼						
	Primary General  Other (specify) ▼		250.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Reinoso, Manuel, , Dr.,	al) or Full Orç	ganization Name	Date of Receipt					
	Mailing Address 1400 E Ridge suite 7			11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.41438					
	McAllen	TX	78503	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		25.00					
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item					
	self-employee	physic	cian	contribution					
	Receipt For:	1	/ear-to-Date ▼						
	Primary General	riggiogato i	car to Bate 1						
	Other (specify)		275.00						
s	UBTOTAL of Receipts This Page (optional)		····	75.00					
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Reinoso, Manuel, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1400 E Ridge suite 7		_	12 15 2017
	City	State	Zip Code	Transaction ID : SA11AI.41439
	McAllen	TX	78503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	self-employee	contribution		
	Receipt For:  Primary General  Other (specify) ▼	_		
<u> </u>	Full Name of Individual (Last, First, Middle Initian Restrepo, William, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1117 S. Cynthia			07 20 2017
	City	Transaction ID : SA11AI.39884		
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	400.00	
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General  Other (specify) ▼	4	2800.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Restrepo, William, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1117 S. Cynthia			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State TX	Zip Code	Transaction ID : SA11AI.40718
	mcallen	17	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item
	selfemployed	physic	cian	contribution
	Receipt For:	Aggregate Y	∕ear-to-Date ▼	
	Primary General Other (specify)		3200.00	
s	UBTOTAL of Receipts This Page (optional)			825.00
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC							
Α.	Mailing Address 1117 S. Cynthia			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40719  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	400.00							
	Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution							
В.	Full Name of Individual (Last, First, Middle Initial Restrepo, William, , ,  Mailing Address 1117 S. Cynthia	Date of Receipt  10 19 2017							
	City mcallen	Transaction ID : SA11AI.40720							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 400.00							
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 4000.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Restrepo, William, , ,	ial) or Full Org	anization Name	Date of Receipt					
	Mailing Address 1117 S. Cynthia			11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City mcallen	State TX	Zip Code 78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed Receipt For:	physic		Memo Item contribution					
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 4400.00						
H	SUBTOTAL of Receipts This Page (optional)			1200.00					

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Restrepo, William, , ,  Mailing Address 1117 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41441  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ringheanu, Mihaela, , Dr.,  Mailing Address 3214  Banyan Circle  City  Harlingen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code 78550  C  Occupation (for Individual) physician  Aggregate Year-to-Date   875.00	Date of Receipt  M M / 20 / 2017  Transaction ID : SA11Al.39885  Amount of Each Receipt this Period  125.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Ringheanu, Mihaela, , Dr.,  Mailing Address 3214  Banyan Circle  City Harlingen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78550  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40721  Amount of Each Receipt this Period  125.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	650.00
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	NAME OF COMMITTEE (In Full)	۸.		
_	BORDER HEALTH FEDERAL PA	40		
١.	Full Name of Individual (Last, First, Middle Initia Ringheanu, Mihaela, , Dr.,	l) or Full Or	ganization Name	Date of Receipt
Ī	Mailing Address 3214		M = M / D = D / Y = Y = Y	
-	Banyan Circle	09 15 2017		
	City Harlingen	State TX	Zip Code 78550	Transaction ID : SA11AI.40722
-	Harlingen	17	7 0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
Ī	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Self employed	phys	· ` ` /	contribution
_	Donaint For:	Aggregate \	Year-to-Date ▼	
	Primary General	.55. 554.0	1 1 1 1 1 1 1 1	
	Other (specify) ▼		1125.00	
	Full Name of Individual (Last, First, Middle Initia Ringheanu, Mihaela, , Dr.,	l) or Full Or	ganization Name	Date of Receipt
Ī	Mailing Address 3214			M = M / D = D / Y = Y = Y
	Banyan Circle	T <sub>=</sub> :		10 19 2017
	City	State	Zip Code	Transaction ID : SA11AI.40723
-	Harlingen	78550	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer (for Individual) Self employed		pation (for Individual) ician	Memo Item contribution
Ī		Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼		, 1250.00	
		l) or Full Or	ganization Name	Date of Receipt
ا	Mailing Address 3214			M M / D D / Y Y Y Y
	Banyan Circle			11 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.41442
	Harlingen	TX	78550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer (for Individual)	pation (for Individual)	Memo Item	
	Self employed Receipt For:	contribution		
	Primary General	Aggregate \	Year-to-Date ▼	
	Other (specify)		1375.00	
SI	JBTOTAL of Receipts This Page (optional)		·····	375.00
TC	OTAL This Period (last page this line number on	nly)	·····	

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

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Ringheanu, Mihaela, , Dr., Mailing Address 3214	al) or Full Org	anization Name	Date of Receipt					
	Banyan Circle	10		12 15 2017					
	City	State TX	Zip Code 78550	Transaction ID : SA11AI.41443					
	Harlingen	17	78550	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	125.00							
	Name of Employer (for Individual)	Memo Item							
	Self employed	physic	ian	contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1500.00						
В.	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , ,	Date of Receipt							
	Mailing Address 100 E. Houston			07 20 7 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39886					
	mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	250.00							
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution					
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼						
	Other (specify) ▼		1750.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , ,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 100 E. Houston			08 17 2017					
	City	State	Zip Code	Transaction ID : SA11AI.40724					
	mcallen	TX	78501	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item contribution					
	Receipt For:								
	Primary General	Aggregate Ye	Fai-10-Date +						
	Other (specify)		2000.00						
	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	625.00					

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Rivas, Homero, , , Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2250.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40725  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Rivas, Homero, , ,  Mailing Address 100 E. Houston  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date   2500.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40726  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Rivas, Homero, , ,  Mailing Address 100 E. Houston  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41444  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	·····	750.00
TOTAL This Period (last page this line number	er only)	

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$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	/C					
١.	Full Name of Individual (Last, First, Middle Initial Rivas, Homero, , ,	) or Full Orga	nization Name	Date of Receipt			
	Mailing Address 100 E. Houston			12 15 2017			
	City	State	Zip Code	Transaction ID : SA11AI.41445			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physicia	tion (for Individual) an	Memo Item contribution			
	Descint Form	Aggregate Yea	ar-to-Date ▼ 3000.00				
3.	Full Name of Individual (Last, First, Middle Initial Robalino, Benjamin, , , Mailing Address 1217 S. Cynthia	nization Name	Date of Receipt				
		07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39887			
	mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physcia	ition (for Individual) an	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1750.00				
_	Full Name of Individual (Last, First, Middle Initial Robalino, Benjamin, , ,	) or Full Orga	nization Name	Date of Receipt			
٠.	Mailing Address 1217 S. Cynthia			08 17 2017			
	City	State TX	Zip Code	Transaction ID : SA11AI.40727			
	mcallen	17	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer (for Individual) selfemployed	Occupa physcia	tion (for Individual) n	Memo Item contribution			
		Aggregate Yea	ar-to-Date ▼				
	Primary General Other (specify)	1 7	2000.00				
s	UBTOTAL of Receipts This Page (optional)			750.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Robalino, Benjamin, , ,  Mailing Address 1217 S. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78501  C  Occupation (for Individual) physcian  Aggregate Year-to-Date  2250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle II  Robalino, Benjamin, , ,  Mailing Address 1217 S. Cynthia  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   The state of t	State   Zip Code   78501   C    Occupation (for Individual)   physcian    Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40729  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Robalino, Benjamin, , ,  Mailing Address 1217 S. Cynthia  City  mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   TX   78501	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41446  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line numbe	r only)	

					PAGE	4	27 OF		562		
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC								
Α.	Full Name of Individual (Last, First, Middle Initial Robalino, Benjamin, , ,  Mailing Address 1217 S. Cynthia	al) or Full Orga	anization Name	Date of Receipt						
	City	State TX	Zip Code 78501	12 15 2017 Transaction ID : SA11AI.41447						
	mcallen  FEC ID number of contributing federal political committee.	C	76501	Amount of Each Receipt this Period 250.00						
	Name of Employer (for Individual) selfemployed Receipt For: Primary General	Memo Item contribution								
	Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initia Rocha, Martin, , Mr.,  Mailing Address P.O. Box 662	Date of Receipt								
	City	07 20 2017  Transaction ID : SA11Al.39888								
	Santa Rosa									
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 350.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initia Rocha, Martin, , Mr.,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address P.O. Box 662			08 17 2017						
	City Santa Rosa	State TX	Zip Code 78593	Transaction ID : SA11AI.40730  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual) selfemployed Receipt For:	private	ation (for Individual) investor	Memo Item contribution						
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00							
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			350.00						

FO	PAGE	4	28 OF	;	562			
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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name of Individual (Last, First, Middle Rocha, Martin, , Mr.,  Mailing Address P.O. Box 662  City Santa Rosa	Initial) or Full Organization Name  State Zip Code TX 78593	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation (for Individual) private investor  Aggregate Year-to-Date   450.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Rocha, Martin, , Mr.,  Mailing Address P.O. Box 662  City Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78593  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40732  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Rocha, Martin, , Mr.,  Mailing Address P.O. Box 662  City Santa Rosa  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41448  Amount of Each Receipt this Period  50.00  Memo Item contribution
	<b>&gt;</b>	150.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER:						PAGE	4	29 OF		562
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initi Rocha, Martin, , Mr., Mailing Address P.O. Box 662	al) or Full Org	anization Name	Date of Receipt  12   15   2017
	City Santa Rosa	State TX	Zip Code 78593	Transaction ID : SA11AI.41449  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) selfemployed Receipt For: Primary General		ation (for Individual) e investor ear-to-Date ▼	Memo Item contribution
	Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi Rodriguez, Odiel, , Ms,	Date of Receipt		
	Mailing Address 1624  Wildwood Drive  City	11 17 2017 Transaction ID : SA11AI.41452		
	Weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) selfemployed		ation (for Individual) e investor	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Rodriguez, Odiel, , Ms,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1624  Wildwood Drive	04-4-	7.0.4	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Weslaco	State TX	Zip Code 78596	Transaction ID : SA11AI.41453  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 240.00	
S	UBTOTAL of Receipts This Page (optional)		·····	90.00
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					PAGE	4	30 OF	:	562	
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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Rodriguez, Ofelia, , Dr.,  Mailing Address 112 E. Xenops  City  McAllen	Initial) or Full Organization Name  State Zip Code TX 78504	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Rodriguez, Ofelia, , Dr.,  Mailing Address 112 E. Xenops  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Rodriguez, Ofelia, , Dr., Mailing Address 112 E. Xenops  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	7 7	Date of Receipt  O9 15 2017  Transaction ID: SA11AI.40740  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle In Rodriguez, Ofelia, , Dr.,  Mailing Address 112 E. Xenops	Date of Receipt						
City	State	Zip Code	Transaction ID : SA11AI.40741				
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
selfemployed	physici	an	contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle In Rodriguez, Ofelia, , Dr.,	Date of Receipt						
Mailing Address 112 E. Xenops	Mailing Address 112 E. Xenops						
City	State	Zip Code	Transaction ID : SA11AI.41454				
McAllen	TX	78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 550.00					
Full Name of Individual (Last, First, Middle In	Date of Receipt						
Mailing Address 112 E. Xenops	<u> </u>						
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41455  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) selfemployed	Occupa	ation (for Individual)	Memo Item contribution				
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Primary General Other (specify)							
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562 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rodriguez, Sergio, , Dr., Date of Receipt Mailing Address 6105 N. 3rd 11 17 2017 City Zip Code State Transaction ID: SA11AI.41456 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 18.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 206.25 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rodriguez, Sergio, , Dr., Date of Receipt Mailing Address 6105 N. 3rd 12 15 2017 City State Zip Code Transaction ID: SA11AI.41457 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 18.75 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rodriguez, Edgar, , Dr., Date of Receipt Mailing Address 815 Crown Circle 20 2017 City State Zip Code Transaction ID: SA11AI.39893 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 137.50

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FOR LINE NUMBER: PAGE 433 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rodriquez, Edgar, , Dr., Date of Receipt Mailing Address 815 Crown Circle 17 2017 City Zip Code State Transaction ID: SA11AI.40745 Edinburg TX 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rodriquez, Edgar, , Dr., Date of Receipt Mailing Address 815 Crown Circle 09 15 2017 City State Zip Code Transaction ID: SA11AI.40746 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rodriguez, Edgar, , Dr., Date of Receipt Mailing Address 815 Crown Circle 10 19 2017 City State Zip Code Transaction ID: SA11AI.40747 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC				
Α.	Full Name of Individual (Last, First, Middle Initial Rodriquez, Edgar, , Dr.,  Mailing Address 815 Crown Circle	al) or Full Org	anization Name	Date of Receipt		
	City	State	Zip Code	11 17 2017 Transaction ID : SA11AI.41458		
	Edinburg	TX	78539	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer (for Individual) selfemployed	Occup: physic	ation (for Individual) ian	Memo Item contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1100.00			
В.	Full Name of Individual (Last, First, Middle Initial Rodriquez, Edgar, , Dr., Mailing Address 815 Crown Circle	anization Name	Date of Receipt			
				12 15 2017		
	City	State	Zip Code 78539	Transaction ID : SA11AI.41459		
	Edinburg  FEC ID number of contributing federal political committee.	C	78539	Amount of Each Receipt this Period  100.00		
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1200.00			
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Romero, Emma rose, , Ms,	al) or Full Orga	anization Name	Date of Receipt		
	Mailing Address 1501 Mercado Street			11 17 2017		
	City Mission	State TX	Zip Code 78573	Transaction ID : SA11AI.41460  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer (for Individual) self-employee	Occupa physici	ation (for Individual) ian	Memo Item contribution		
	Receipt For: Primary General Other (specify)	Primary General Aggregate real-to-bate V				
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o		<u> </u>	220.00		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle Ir Romero, Emma rose, , Ms,  Mailing Address 1501 Mercado Street	nitial) or Full Orga	nization Name	Date of Receipt
			12 15 2017
City	State	Zip Code	Transaction ID : SA11AI.41461
Mission	TX	78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
self-employee	physicia	an	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ir Ruiz, Henry, E., Dr.,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 208 W. Pelician		I	07 20 2017
City	State	Zip Code	Transaction ID : SA11AI.39895
Mcallen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1050.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 208 W. Pelician		,	08 17 2017
City Mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40751
-		70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual)		tion (for Individual)	Memo Item
selfemployed	physicia		contribution
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)		1200.00	
SUBTOTAL of Receipts This Page (optional)			320.00
TOTAL This Period (last page this line number	r only)		

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Ruiz, Henry, E., Dr.,  Mailing Address 208 W. Pelician  City  Mcallen	State	Zip Code 78504	Date of Receipt    M
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	ation (for Individual) ian ear-to-Date ▼ 1350.00	Memo Item contribution	
В.	Full Name of Individual (Last, First, Middle Initial Ruiz, Henry, E., Dr.,  Mailing Address 208 W. Pelician  City  Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify)   Other (specify)	State TX	Zip Code 78504 ation (for Individual)	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40753  Amount of Each Receipt this Period  150.00  Memo Item contribution
С.	Full Name of Individual (Last, First, Middle Initial Ruiz, Henry, E., Dr.,  Mailing Address 208 W. Pelician  City Mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State TX	Zip Code 78504 ation (for Individual)	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41462  Amount of Each Receipt this Period  150.00  Memo Item contribution
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	450.00

FOR LINE NUMBER: PAGE 437 OF 562 Use separate schedule(s) for each category of the (check only one) **X** 11a 11b

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	Statements may not be sold or used by any per- ne name and address of any political committee t						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Ruiz, Henry, E., Dr.,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 208 W. Pelician	Otata Tr. O. I	12 15 2017					
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41463  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00						
Full Name of Individual (Last, First, Middle I Saca, Paulette, , ,  Mailing Address 109 Condor							
City mcallen	State Zip Code TX 78504	7 20 2017 Transaction ID : SA11AI.39897 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00						
Full Name of Individual (Last, First, Middle I Saca, Paulette, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 109 Condor	Out     =   Out	08 17 2017					
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.40757  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00						
SUBTOTAL of Receipts This Page (optional)		300.00					
TOTAL This Period (last page this line numbe	er only)						

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	ny information copied from such Reports and Stator commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC						
Α.	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 109 Condor			09 15 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40758				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item				
	self-employed	privat	e investor	contribution				
	Receipt For:							
	Primary General	Aggregate Y	'ear-to-Date ▼					
	Other (specify) ▼		675.00					
В.	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 109 Condor	10 19 2017						
	City	State	Zip Code	Transaction ID : SA11AI.40759				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual) self-employed		pation (for Individual) te investor	Memo Item contribution				
	Receipt For:	Aggregate Y	′ear-to-Date ▼					
	Primary General Other (specify) ▼		750.00					
<u> </u>	Full Name of Individual (Last, First, Middle Initial Saca, Paulette, , ,	al) or Full Org	ganization Name	Date of Receipt				
	Mailing Address 109 Condor			11 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.41466				
	mcallen	TX	78504	Amount of Each Receipt this Period				
	EEC ID acceptance of contribution			- Timouni or Euch Troodpt timo i once				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer (for Individual)	Occup	oation (for Individual)	Memo Item				
	self-employed	private	e investor	contribution				
	Receipt For:	Aggregate V	'ear-to-Date ▼	1				
	Primary General	Aggregate 1	eai-io-Date •					
	Other (specify)		825.00					
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	225.00				
_	OTAL This Period (last page this line number o	nly)						

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

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	and Statements may not be sold or used by any pering the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Full Name of Individual (Last, First, Mid Saca, Paulette, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 109 Condor		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41467				
mcallen	TX 78504	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	900.00					
Full Name of Individual (Last, First, Mid 3. Saenz, Javier, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2308 Monaco Drive		07 20 / Y Y Y Y Y Y				
City	State Zip Code TX 78574	Transaction ID : SA11AI.39898				
mission	TX 78574	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		400.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	]				
Primary General Other (specify) ▼	2800.00					
Full Name of Individual (Last, First, Mid C. Saenz, Javier, , ,	dle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2308 Monaco Drive		08 17 2017				
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.40760				
FEC ID number of contributing		Amount of Each Receipt this Period				
federal political committee.	C	400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item contribution				
selfemployed Receipt For:	physician					
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	3200.00					
SUBTOTAL of Receipts This Page (option	nal)	875.00				
TOTAL This Period (last page this line nu	umber only)					

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

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Saenz, Javier, , ,  Mailing Address 2308 Monaco Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date  3600.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40761  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Saenz, Javier, , , Mailing Address 2308 Monaco Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify) ▼	State Zip Code 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40762  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Saenz, Javier, , ,  Mailing Address 2308 Monaco Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4400.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Saenz, Javier, , ,  Mailing Address 2308 Monaco Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date  4800.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle I Saenz, Jessica, , Ms,  Mailing Address 2608  Swallow Ave  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)   The same of Individual (Last, First, Middle IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	State Zip Code 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  225.00	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40764  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Saenz, Jessica, , Ms,  Mailing Address 2608  Swallow Ave  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40765  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	450.00
TOTAL This Period (last page this line number	er only)	

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	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Saenz, Jessica, , Ms,  Mailing Address 2608	e Initial) or Full Organization Name	Date of Receipt
Swallow Ave		11 17 2017
City	State Zip Code TX 78504	Transaction ID : SA11AI.41470
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Full Name of Individual (Last, First, Middl Saenz, Jessica, , Ms,  Mailing Address 2608	 e Initial) or Full Organization Name	Date of Receipt
Swallow Ave		12 15 2017
City	State Zip Code	<del>-  </del>
McAllen	TX 78504	Transaction ID : SA11AI.41471  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Saenz, JJ, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 2400 S.E. Augusta Squar		07 20 / Y Y Y Y Y Y
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.39900
-	1/00/03	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2800.00	
SUBTOTAL of Receipts This Page (optional	)il)	450.00
TOTAL This Period (last page this line num	nber only)	

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

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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Saenz, JJ, , ,  Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date  3200.00	Date of Receipt    M
Full Name of Individual (Last, First, Middle In Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   3600.00	Date of Receipt  M M
Full Name of Individual (Last, First, Middle In Saenz, JJ, , ,  Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40768  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Saenz, JJ, , ,  Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41472  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Saenz, JJ, , , Mailing Address 2400 S.E. Augusta Square  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) physician  Aggregate Year-to-Date   4800.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41473  Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Safir, Larry, , ,  Mailing Address 3300 S. 2nd suite 10  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78503  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  2800.00	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39901  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line numbe	er only)	

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	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Safir, Larry, , ,  Mailing Address 3300 S. 2nd	nitial) or Full Organization Name	Date of Receipt				
suite 10	10	08 17 2017				
City 	State Zip Code	Transaction ID : SA11AI.40769				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	private investor	contribution				
Receipt For:						
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	3200.00					
Full Name of Individual (Last, First, Middle I Safir, Larry, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3300 S. 2nd		M M / D D / Y Y Y Y				
suite 10	Ctata Zin Cada	09 15 2017				
City	State Zip Code TX 78503	Transaction ID : SA11AI.40770				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3300 S. 2nd suite 10		10 19 / 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.40771				
mcallen	TX 78503	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	]				
Primary General Other (specify)	4000.00					
SUBTOTAL of Receipts This Page (optional)	•	1200.00				
TOTAL This Period (last page this line number	er only)					

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					or the purpose of soliciting contributions icit contributions from such committee.
NAME OF COMMITTEE (IF BORDER HEALTH	,	С			
Full Name of Individual (La Safir, Larry, , ,  Mailing Address 3300 S. 2r		or Full Orgar	nization Name		Date of Receipt
suite 10 City		State	Zip Code		
mcallen		TX	78503		Transaction ID : SA11AI.41474
FEC ID number of contributed federal political committee.	ting	C			mount of Each Receipt this Period 400.00
Name of Employer (for Indi	ividual)	ion (for Individual)		Memo Item	
self-employed		private i	nvestor	co	ntribution
Receipt For:  Primary Ger  Other (specify) ▼	neral A	ggregate Yea	r-to-Date ▼ 4400.00		
Full Name of Individual (La Safir, Larry, , ,		or Full Orgar	nization Name		Date of Receipt
Mailing Address 3300 S. 2n suite 10	nd				12 15 2017
City		State	Zip Code	_ "	Transaction ID : SA11AI.41475
mcallen		TX	78503		mount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting	С			400.00
Name of Employer (for Ind self-employed	ividual)	Occupat private i	ion (for Individual) nvestor	со	Memo Item ntribution
Receipt For:  Primary Ger  Other (specify) ▼	neral A	ggregate Yea	r-to-Date ▼ 4800.00		
Full Name of Individual (La Salazar, Juan, , ,	st, First, Middle Initial)	or Full Orgar	nization Name	С	Pate of Receipt
Mailing Address 801 E Nola	ana Loop				07 20 / 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.39902
McAllen		TX	78504	A	mount of Each Receipt this Period
FEC ID number of contribu federal political committee.	ting	С			250.00
Name of Employer (for Indiselfemployed	ividual)	Occupat physicia	ion (for Individual) n	co	Memo Item ntribution
Receipt For:		ggregate Yea	r-to-Date ▼		
Primary Ger Other (specify)	neral	1 1 19	1750.00		
SUBTOTAL of Receipts This	Page (optional)			•	1050.00
TOTAL This Period (last page	e this line number only	')			

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	AC				
Α.	Full Name of Individual (Last, First, Middle Initial Salazar, Juan, , ,  Mailing Address 801 E Nolana Loop	al) or Full Orga	anization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID : SA11AI.40772		
	McAllen	TX	78504	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer (for Individual) selfemployed	Memo Item contribution				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00			
В.	Full Name of Individual (Last, First, Middle Initial Salazar, Juan, , ,  Mailing Address 801 E Nolana Loop	Date of Receipt				
		09 15 2017				
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.40773		
	FEC ID number of contributing federal political committee.	C	16304	Amount of Each Receipt this Period  250.00		
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2250.00			
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia Salazar, Juan, , ,	al) or Full Orga	anization Name	Date of Receipt		
	Mailing Address 801 E Nolana Loop			10 19 2017		
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40774  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution		
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2500.00			
H	UBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			750.00		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name of Individual (Last, First, Middle Salazar, Juan, , ,	Initial) or Full Organization N	ame	Date of Receipt
Mailing Address 801 E Nolana Loop			11 17 2017
City	State Zip Code		Transaction ID : SA11AI.41476
McAllen	TX 78504		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) selfemployed	Occupation (for In	ndividual)	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	2750.00	
Full Name of Individual (Last, First, Middle Salazar, Juan, , ,  Mailing Address 801 E Nolana Loop	ame	Date of Receipt	
City	Ctata Zin Cad		12 15 2017
City McAllen	State Zip Code TX 78504	<del>)</del>	Transaction ID: SA11AI.41477  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) selfemployed	Occupation (for In	ndividual)	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	3000.00	
Full Name of Individual (Last, First, Middle Salcedo, Leonardo, , Dr.,	Initial) or Full Organization N	ame	Date of Receipt
Mailing Address 5409 N. 1st Street			07
City McAllen	State Zip Code 78504	<b>)</b> -	Transaction ID : SA11AI.39903
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) self-employee	Occupation (for In	ndividual)	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	350.00	
SUBTOTAL of Receipts This Page (optional)			550.00
TOTAL This Period (last page this line numb	er only)		

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	Statements may not be sold or used by any pe he name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name of Individual (Last, First, Middle I Salcedo, Leonardo, , Dr.,  Mailing Address 5409 N. 1st Street	nitial) or Full Organization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.40775				
McAllen  FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period  50.00				
Name of Employer (for Individual) self-employee Receipt For: Primary General	Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Memo Item contribution				
Other (specify) ▼  Full Name of Individual (Last, First, Middle I	400.00  Initial) or Full Organization Name					
Salcedo, Leonardo, , Dr.,  Mailing Address 5409 N. 1st Street	Date of Receipt  M M M / D D D / Y D D Y D D D D D D D D D D D					
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.40776  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼						
Full Name of Individual (Last, First, Middle I Salcedo, Leonardo, , Dr.,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5409 N. 1st Street		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.40777  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) self-employee Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional)	·····	150.00				
TOTAL This Period (last page this line numbe	er only)					

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC		
Α.	Full Name of Individual (Last, First, Middle Initi Salcedo, Leonardo, , Dr.,  Mailing Address 5409 N. 1st Street	ial) or Full Orga	anization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41478  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) self-employee Receipt For:  Primary General Other (specify) ▼	Occupa physic Aggregate Ye		Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initi Salcedo, Leonardo, , Dr., Mailing Address 5409 N. 1st Street	Date of Receipt  12 15 2017		
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41479  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	50.00	
	Name of Employer (for Individual) self-employee	Occup	ation (for Individual) sian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Salinas, Mariano, , Dr.,	ial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 2203 Red River			07
	City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.39904  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) selfemployed Receipt For:	physici		Memo Item contribution
	Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 700.00	
H	SUBTOTAL of Receipts This Page (optional)			200.00
I	<b>OTAL</b> This Period (last page this line number of	only)	·····	

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr.,  Mailing Address 2203 Red River		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.40778
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer (for Individual)	Occupation (for Individual) physician	Memo Item
selfemployed  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	contribution
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr.,  Mailing Address 2203 Red River	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.40779
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2203 Red River		10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code 78572	Transaction ID : SA11AI.40780
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	·····	300.00
TOTAL This Period (last page this line number	er only) ▶	

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	nd Statements may not be sold or used by any peg the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Salinas, Mariano, , Dr.,							
Mailing Address 2203 Red River		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.41480					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1100.00						
Full Name of Individual (Last, First, Middle Salinas, Mariano, , Dr.,	Date of Receipt						
Mailing Address 2203 Red River							
City	State Zip Code	Transaction ID : SA11AI.41481					
mission	TX 78572	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	1200.00						
Full Name of Individual (Last, First, Middle Sanchez, Elisa, Garza, ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 3509  N. Glasscock		07					
City	State Zip Code	Transaction ID : SA11AI.39905					
Mission	TX 78574	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼	$\dashv$					
Primary General Other (specify)	875.00						
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	325.00					
TOTAL This Period (last page this line num	nber only)						

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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 personame and address of any political committee to				
NAME OF COMMITTEE (In Full)	240				
BORDER HEALTH FEDERAL F	AC				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 3509		M = M / D = D / Y = Y = Y			
N. Glasscock	Tay a s	08 17 2017			
City	State Zip Code TX 78574	Transaction ID : SA11AI.40781			
Mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	125.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Self employed	physician	contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	1000.00				
Other (specify) ▼					
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 3509	M = M / D = D / Y = Y = Y				
N. Glasscock	Tay and	09 15 2017			
City	State Zip Code	Transaction ID : SA11AI.40782			
Mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	125.00			
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	1125.00				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt			
Mailing Address 3509		M = M / D = D / Y = Y = Y			
N. Glasscock		10 19 2017			
City	State Zip Code	Transaction ID : SA11AI.40783			
Mission	TX 78574	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution			
Receipt For:					
Primary General	Aggregate Year-to-Date ▼				
Other (specify)	1250.00				
SUBTOTAL of Receipts This Page (optional)		375.00			
TOTAL This Period (last page this line number	only)				

					PAGE	4	54 OF	562	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Mailing Address 3509  N. Glasscock  City	Mailing Address 3509  N. Glasscock						
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1375.00	Amount of Each Receipt this Period  125.00  Memo Item contribution					
Full Name of Individual (Last, First, Middle In Sanchez, Elisa, Garza, ,  Mailing Address 3509  N. Glasscock  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78574  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1500.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41483  Amount of Each Receipt this Period  125.00  Memo Item contribution					
Full Name of Individual (Last, First, Middle In Sanchez, Manuel, , ,  Mailing Address 2804 Santa Lydia  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  700.00	Date of Receipt  O7 20 2017  Transaction ID: SA11AI.39906  Amount of Each Receipt this Period  100.00  Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	350.00					
TOTAL This Period (last page this line number	r only)						

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	and Statements may not be sold or used by any pering the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Sanchez, Manuel, , ,						
Mailing Address 2804 Santa Lydia		08 17 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.40784				
mission	TX 78572	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00					
Full Name of Individual (Last, First, Mid Sanchez, Manuel, , , Mailing Address 2804 Santa Lydia	Date of Receipt					
		09 15 2017				
City	State Zip Code	Transaction ID : SA11AI.40785				
mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	900.00					
Full Name of Individual (Last, First, Mid Sanchez, Manuel, , ,	ldle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 2804 Santa Lydia		10 19 2017				
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.40786  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	_				
Primary General Other (specify)	1000.00					
SUBTOTAL of Receipts This Page (option	nal)	300.00				
TOTAL This Period (last page this line nu	umber only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC					
Sanchez, Manuel, , ,						
Mailing Address 2804 Santa Lydia		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.41484				
mission	TX 78572	_ Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Missanchez, Manuel, , ,  Mailing Address 2804 Santa Lydia	Date of Receipt					
		12 15 2017				
City	State Zip Code TX 78572	Transaction ID : SA11AI.41485				
mission	TX	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	1200.00					
Full Name of Individual (Last, First, Mic. Sandoval, Oscar, , Mr.,	iddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 8727 N. Campana Lar		09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Edcouch	State Zip Code TX 78538	Transaction ID : SA11AI.40788				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify)	225.00					
SUBTOTAL of Receipts This Page (option	onal)	225.00				
TOTAL This Period (last page this line r	number only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Sandoval, Oscar, , Mr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Sandoval, Oscar, , Mr.,  Mailing Address 8727 N. Campana Lane					
			10 19 2017			
City	State Zip Cod	<u> </u>	Transaction ID : SA11AI.40789			
Edcouch	TX 78538		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer (for Individual)	Occupation (for I	ndividual)	Memo Item			
Self employed	investor		contribution			
Receipt For:  Primary General  Other (specify) ▼						
Full Name of Individual (Last, First, Middle Sandoval, Oscar, , Mr.,	lame	Date of Receipt				
Mailing Address 8727 N. Campana Lane			11 17 2017			
City	State Zip Cod	е	Transaction ID : SA11AI.41486			
Edcouch	TX 78538		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Self employed	Occupation (for I investor	ndividual)	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	▼ 275.00				
Full Name of Individual (Last, First, Middle Sandoval, Oscar, , Mr.,	e Initial) or Full Organization N	Name	Date of Receipt			
Mailing Address 8727 N. Campana Lane			12 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Edcouch	State Zip Cod TX 78538	e	Transaction ID : SA11AI.41487			
-	70000		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		25.00			
Name of Employer (for Individual)	Occupation (for I	ndividual)	Memo Item			
Self employed Receipt For:	investor	_	contribution			
Primary General Other (specify)	Aggregate Year-to-Date	300.00				
SUBTOTAL of Receipts This Page (optional	1)		75.00			
TOTAL This Period (last page this line num	ber only)					

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	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Santoy, Elena, , Ms,  Mailing Address 416 N. 17th Street  City Donna	Initial) or Full Organization Name  State Zip Code TX 78537	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Memo Item contribution	
Full Name of Individual (Last, First, Middle Santoy, Elena, , Ms,  Mailing Address 416 N. 17th Street  City  Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code TX 78537  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  400.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40790  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Santoy, Elena, , Ms,  Mailing Address 416 N. 17th Street  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78537  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P							
$\angle$	- DONDEN HEALTH EDENALT	AO						
Α.	Full Name of Individual (Last, First, Middle Initi Santoy, Elena, , Ms,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 416 N. 17th Street			10 26 2017				
	City	State	Zip Code	Transaction ID : SA11AI.40792				
	Donna	TX	78537	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	50.00						
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
	selfemployed	physic	cian	contribution				
	Receipt For:  Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify) ▼							
_	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	anization Name	Date of Descript				
В.	Santoy, Elena, , Ms, Mailing Address 416 N. 17th Street			Date of Receipt				
	Maining Address 416 N. 17th Street			11 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.41488				
	Donna	TX	78537	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General		550.00					
	Other (specify) ▼	4	330.00					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi Santoy, Elena, , Ms,	al) or Full Org	anization Name	Date of Receipt				
	Mailing Address 416 N. 17th Street			12 15 2017				
	City Donna	State TX	Zip Code 78537	Transaction ID : SA11AI.41489				
		1	70007	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer (for Individual)		ation (for Individual)	Memo Item				
	selfemployed Receipt For:	physic		contribution				
	Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify)	Other (specify) 600.00						
H	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	150.00				

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	Statements may not be sold or used by any per the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City McAllen  FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt  M M / 20 / 2017  Transaction ID : SA11AI.39909  Amount of Each Receipt this Period					
federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Memo Item contribution						
Full Name of Individual (Last, First, Middle I Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City  McAllen  FEC ID number of contributing federal political committee.	Date of Receipt    Mark						
Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	selfemployed physician  Receipt For:  Primary General Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle I Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	nitial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  270.00	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11Al.40794  Amount of Each Receipt this Period  30.00  Memo Item contribution					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00					
TOTAL This Period (last page this line number	er only)						

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	Statements may not be sold or used by any per- ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City  McAllen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40795  Amount of Each Receipt this Period  30.00				
Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  300.00	Memo Item contribution				
Full Name of Individual (Last, First, Middle In Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City	nitial) or Full Organization Name    State   Zip Code	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41490				
McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:	TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  30.00  Memo Item contribution				
Primary General Other (specify) ▼	330,00					
Full Name of Individual (Last, First, Middle In Seas, Manuel, , Dr.,  Mailing Address 5714 N. 6th Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   360.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41491  Amount of Each Receipt this Period  30.00  Memo Item contribution				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC							
Α.	Full Name of Individual (Last, First, Middle Initial Serna, Samuel, , Dr.,  Mailing Address 125 E. Cornell	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	07 20 2017 Transaction ID : SA11AI.39910					
	McAllen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) self-employee	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial Serna, Samuel, , Dr., Mailing Address 125 E. Cornell	al) or Full Orga	anization Name	Date of Receipt					
	City	08 17 2017							
	McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40796  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	100.00							
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Serna, Samuel, , Dr., Date of Receipt								
	Mailing Address 125 E. Cornell			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40797  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual) self-employee	ation (for Individual) an	Memo Item contribution						
	Receipt For: Primary General Other (specify)	ry General Aggregate Teal-to-Date V							
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Full Name of Individual (Last, First, Middle Ir Serna, Samuel, , Dr.,  Mailing Address 125 E. Cornell	nitial) or Full Organization Name	Date of Receipt
		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40798
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle Ir Serna, Samuel, , Dr.,  Mailing Address 125 E. Cornell	 nitial) or Full Organization Name	Date of Receipt
ag / Noc. 0000 125 E. COINEII		11 17 2017
City	State Zip Code	Transaction ID : SA11Al.41492
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle Ir Serna, Samuel, , Dr.,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 125 E. Cornell		12 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.41493
-	// // // // // // // // // // // // //	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	).00
SUBTOTAL of Receipts This Page (optional)		300.00
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	d Statements may not be sold or used by any per the name and address of any political committee						
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC							
Full Name of Individual (Last, First, Middle Shan, Pankajkumar, , Dr.,  Mailing Address 2300 Solera Drive  City Mission  FEC ID number of contributing	State Zip Code TX 78572	Date of Receipt    M					
federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  350.00	Memo Item contribution					
Full Name of Individual (Last, First, Middle Shan, Pankajkumar, , Dr.,  Mailing Address 2300 Solera Drive  City  Mission  FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Employer (for Individual) Self employed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  400.00	contribution					
Full Name of Individual (Last, First, Middle Shan, Pankajkumar, , Dr.,  Mailing Address 2300 Solera Drive  City Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  M 9					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00					
TOTAL This Period (last page this line numb	er only)						

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	and address of any political committee t	o solicit contributions from such committee.				
BORDER HEALTH FEDERAL I	PAC					
Full Name of Individual (Last, First, Middle Ini Shan, Pankajkumar, , Dr.,	Date of Receipt					
Mailing Address 2300 Solera Drive		10 19 2017				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.40801				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00				
Name of Employer (for Individual) Self employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle Ini Shan, Pankajkumar, , Dr., Mailing Address, 2200 Salara Drive	itial) or Full Organization Name	Date of Receipt				
Mailing Address 2300 Solera Drive	State 7in Code	11 17 2017				
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.41494  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 2300 Solera Drive		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41496				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů (					
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	600.00					
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or for commercial purposes, other the	eports and Statements may not be sold or used by any pers an using the name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEI	DERAL PAC						
Shuaib, Tawhid, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shuaib, Tawhid, , ,  Mailing Address 4000 Burns Drive						
City mcallen  FEC ID number of contributing	State Zip Code TX 78503	7 20 2017 Transaction ID : SA11AI.39912 Amount of Each Receipt this Period					
federal political committee.  Name of Employer (for Individual)		400.00  Memo Item					
selfemployed Receipt For:  Primary General  Other (specify) ▼	physician  Aggregate Year-to-Date ▼  2800.00	contribution					
Shuaib, Tawhid, , ,  Mailing Address 4000 Burns Drive		Date of Receipt  08 17 2017					
City mcallen  FEC ID number of contributing federal political committee.	State Zip Code 78503	Transaction ID : SA11AI.40802  Amount of Each Receipt this Period  400.00					
Name of Employer (for Individual) selfemployed  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3200.00	Memo Item contribution					
Shuaib, Tawhid, , ,	st, Middle Initial) or Full Organization Name	Date of Receipt					
Mailing Address 4000 Burns Drive  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:	State Zip Code 78503	Transaction ID: SA11AI.40803  Amount of Each Receipt this Period  400.00  Memo Item contribution					
Primary General Other (specify)	Aggregate Year-to-Date ▼  3600.00						
SUBTOTAL of Receipts This Page	(optional)	1200.00					
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	ny information copied from such Reports and St for commercial purposes, other than using the							
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC						
Α.	Full Name of Individual (Last, First, Middle Initial Shuaib, Tawhid, , ,	ial) or Full Org	anization Name	Date of Receipt				
	Mailing Address 4000 Burns Drive	Mailing Address 4000 Burns Drive						
	City	State	Zip Code	Transaction ID : SA11AI.40804				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
	selfemployed	physic	,	contribution				
	Receipt For:	1.,						
	Primary General	Aggregate Ye	ear-to-Date ▼					
	Other (specify) ▼		4000.00					
— В.	Full Name of Individual (Last, First, Middle Initi Shuaib, Tawhid, , ,	ial) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 4000 Burns Drive			M M / D D / Y Y Y Y				
	0 1000 240 20			11 17 2017				
	City	State	Zip Code	Transaction ID : SA11AL41497				
	mcallen	TX	78503	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		400.00				
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify) ▼		4400.00					
_	Full Name of Individual (Last, First, Middle Initi Shuaib, Tawhid, , ,	ial) or Full Org	anization Name	Date of Receipt				
О.	Mailing Address 4000 Burns Drive			12 15 2017				
	City	State	Zip Code					
	mcallen	TX	78503	Transaction ID : SA11AI.41498				
	- Incalient		70000	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		400.00				
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item				
	selfemployed	contribution						
	Receipt For:	-						
	Primary General	Aggregate Ye	Jai 10 Dailo 1					
	Other (specify)		4800.00					
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	Statements may not be sold or used by any per he name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr.,  Mailing Address 609 Tulip  City  McAllen	Date of Receipt  07 20 2017  Transaction ID : SA11AI.39913  Amount of Each Receipt this Region				
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Occupation (for Individual) physician  Aggregate Year-to-Date   350.00	Amount of Each Receipt this Period  50.00  Memo Item contribution			
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr.,  Mailing Address 609 Tulip  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   400.00	Date of Receipt    Mark			
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr.,  Mailing Address 609 Tulip  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  450.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40806  Amount of Each Receipt this Period  50.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00			
TOTAL This Period (last page this line number	er only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr.,  Mailing Address 609 Tulip  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)   General	Initial) or Full Organization Name  State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40807  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr., Mailing Address 609 Tulip  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   physician   Aggregate Year-to-Date ▼   550.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41499  Amount of Each Receipt this Period  50.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Siberman, Herschel, , Dr.,  Mailing Address 609 Tulip  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41500  Amount of Each Receipt this Period  50.00  Memo Item contribution
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	ports and Statements may not be sold or used by any person using the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	PERAL PAC	
Full Name of Individual (Last, First, Singh, Marish, , Dr.,	, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3521 South M Stre	eet	07 20 2017
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.39915  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer (for Individual)  Self employed  Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Hecelpt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Slavin, Dennis, , ,  Mailing Address 1501 S. Oklahoma	, Middle Initial) or Full Organization Name	Date of Receipt
City weslaco	State Zip Code TX 78596	7 20 2017  Transaction ID : SA11Al.39916  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name of Individual (Last, First, Slavin, Dennis, , ,	, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1501 S. Oklahoma		08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.40811  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  800.00	
SUBTOTAL of Receipts This Page (c	optional)	230.00
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Slavin, Dennis, , ,  Mailing Address 1501 S. Oklahoma  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  15 2017  Transaction ID: SA11AI.40812  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Slavin, Dennis, , ,  Mailing Address 1501 S. Oklahoma  City  weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	State Zip Code TX 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  10 19 2017  Transaction ID: SA11Al.40813  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Slavin, Dennis, , ,  Mailing Address 1501 S. Oklahoma  City weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78596   C   Occupation (for Individual)   physician   Aggregate Year-to-Date   1100.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle In Slavin, Dennis, , ,  Mailing Address 1501 S. Oklahoma  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)	State Zip Code 78596  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1200.00	Date of Receipt  12
Full Name of Individual (Last, First, Middle In Solis, Hilda, , ,  Mailing Address P.O.Box 3302  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General  Other (specify)   Full Name of Individual (Last, First, Middle In Solid Primary General)	State Zip Code 78502  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  225.00	Date of Receipt  09 15 2017  Transaction ID: SA11Al.40815  Amount of Each Receipt this Period  25.00  Memo Item contribution
City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary  Other (specify)	State   Zip Code   78502   C	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40816  Amount of Each Receipt this Period  25.00  Memo Item contribution
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	d Statements may not be sold or used by any pe the name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC			
Full Name of Individual (Last, First, Middle Solis, Hilda, , ,  Mailing Address P.O.Box 3302		Date of Receipt  11 17 2017		
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.41505  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	deral political committee.			
Name of Employer (for Individual)	Memo Item			
Self employed  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	contribution		
Full Name of Individual (Last, First, Middle Solis, Hilda, , ,  Mailing Address P.O.Box 3302	Date of Receipt  12 15 2017			
City	State Zip Code	Transaction ID : SA11AI.41506		
McAllen	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer (for Individual) Self employed	Occupation (for Individual) private investor	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name of Individual (Last, First, Middle Solis, Joel, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 405 E. Avocet		07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.39918		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer (for Individual) self-employed Receipt For:	Occupation (for Individual) physician	Memo Item contribution		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1050.00			
SUBTOTAL of Receipts This Page (optional)	·····	200.00		
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$\rangle$	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL PA	/C					
١.	Full Name of Individual (Last, First, Middle Initial Solis, Joel, , ,  Mailing Address 405 E. Avocet	) or Full Orga	nization Name	Date of Receipt			
				08 17 2017			
	City	State Zip Code		Transaction ID : SA11AI.40817			
	Mcallen	TX	78501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer (for Individual) self-employed	tion (for Individual)	Memo Item				
	Receipt For:  Primary General  Other (specify) ▼						
3.	Full Name of Individual (Last, First, Middle Initial Solis, Joel, , ,	Date of Receipt					
	Mailing Address 405 E. Avocet	09 15 2017					
	City Mcallen	State	Zip Code 78501	Transaction ID : SA11AI.40818			
	FEC ID number of contributing federal political committee.	C	70001	Amount of Each Receipt this Period			
	Name of Employer (for Individual) self-employed	Occupa physicia	ation (for Individual)	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 1350.00				
	Full Name of Individual (Last, First, Middle Initial Solis, Joel, , ,	nization Name	Date of Receipt				
	Mailing Address 405 E. Avocet		10 19 2017				
	City Mcallen	State TX	Zip Code 78501	Transaction ID : SA11AI.40819  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer (for Individual) self-employed						
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 1500.00				
s	UBTOTAL of Receipts This Page (optional)			450.00			
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NAME OF COMMITTEE (IN BORDER HEALTH	,	;			
Full Name of Individual (Las Solis, Joel, , ,  Mailing Address 405 E. Avoo		or Full Orga	nization Name	Date of Receipt	/ <b>Y</b> = <b>Y</b> = <b>Y</b> = <b>Y</b>
-				11 17	2017
City		State TX	Zip Code	Transaction ID : S	
Mcallen		1 ^	78501	Amount of Each Re	ceipt this Period
FEC ID number of contributi federal political committee.	ng				150.00
Name of Employer (for Indiv	ridual)	Occupa	tion (for Individual)	Memo Item	
self-employed		physicia	an	contribution	
Receipt For:  Primary Gene  Other (specify) ▼		gregate Yea	ar-to-Date ▼ 1650.00	]	
Full Name of Individual (Las Solis, Joel, , ,		or Full Orga	nization Name	Date of Receipt	
Mailing Address 405 E. Avoc				12 / 15	2017
City		State	Zip Code	Transaction ID : S	
Mcallen		TX	78501	Amount of Each Re	ceipt this Period
FEC ID number of contributi federal political committee.	ng		150.00		
Name of Employer (for Indiv self-employed	vidual)	Occupa physicia	tion (for Individual) an	Memo Item contribution	
Receipt For:		gregate Yea	ar-to-Date ▼		
Primary ☐ Gene Other (specify) ▼	eral		1800.00	]	
Full Name of Individual (Las Soto, Hector, , Dr.,	t, First, Middle Initial) c	or Full Orga	nization Name	Date of Receipt	
Mailing Address 101 South (	Greenbriar			<u> </u>	2017
City		State	Zip Code	Transaction ID : S	SA11AI.39919
McAllen		TX	78502	Amount of Each Re	ceipt this Period
FEC ID number of contributi federal political committee.	ng				250.00
Name of Employer (for Indiv	ridual)	Occupat	tion (for Individual)	Memo Item	
Receipt For:	Λ	1			
Primary Gene Other (specify)		gregate Yea	ar-to-Date ▼ 1750.00	]	
SUBTOTAL of Receipts This R	Page (optional)		)		550.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,  Mailing Address 101 South Greenbriar  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78502  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,  Mailing Address 101 South Greenbriar  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State   Zip Code   78502   C    Occupation (for Individual)   physician    Aggregate Year-to-Date ▼   2250.00	Date of Receipt  M M J J D J 2017  Transaction ID: SA11Al.40821  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Soto, Hector, , Dr.,  Mailing Address 101 South Greenbriar  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	State Zip Code TX 78502  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40822  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
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	ly information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Soto, Hector, , Dr.,  Mailing Address 101 South Greenbriar	al) or Full Org	ganization Name	Date of Receipt  11 17 2017
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.41509  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employee Receipt For:  Primary General Other (specify) ▼	physi	cian  'ear-to-Date ▼  2750.00	Memo Item contribution
В.	Full Name of Individual (Last, First, Middle Initi Soto, Hector, , Dr.,  Mailing Address 101 South Greenbriar	al) or Full Org	9-1-49-1-49-1-	Date of Receipt
	City McAllen	State TX	Zip Code 78502	12 15 2017  Transaction ID : SA11Al.41510  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) self-employee  Receipt For:	physi		Memo Item contribution
	Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼	
С.	Full Name of Individual (Last, First, Middle Initi-Sreenivas, Nanjappa, , Dr.,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address 2610 Emerald Lake Drive  City	State	Zip Code	09 15 2017 Transaction ID : SA11AI.40824
	Harlingen	TX	78550	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) selfemployed	Occup physic	oation (for Individual) cian	Memo Item contribution
	Receipt For: Primary General Other (specify)	Aggregate Y	∕ear-to-Date ▼ 225.00	
H	CUBTOTAL of Receipts This Page (optional)			525.00

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BORDER HEALTH FEDERAL I	PAC		
Full Name of Individual (Last, First, Middle Ini Sreenivas, Nanjappa, , Dr.,	tial) or Full Org	ganization Name	Date of Receipt
Mailing Address 2610 Emerald Lake Drive	,		10 19 2017
City Harlingen	State TX	Zip Code 78550	Transaction ID : SA11AI.40825  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occu <sub>l</sub> physi	pation (for Individual) ician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini 3. Sreenivas, Nanjappa, , Dr.,	tial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2610 Emerald Lake Drive	1-		11 17 2017 11 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
City Harlingen	State TX	Zip Code 78550	Transaction ID : SA11AI.41511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) ician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2610 Emerald Lake Drive	04-4-	Zin Code	12 15 2017
City Harlingen	State TX	Zip Code 78550	Transaction ID : SA11AI.41512  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occup physic	pation (for Individual) cian	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	75.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Sustaita, Raul, , Mr.,  Mailing Address 1602 Scobey  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify)   General	Initial) or Full Organization Name  State Zip Code 78537  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  09 15 2017  Transaction ID: SA11AI.40827  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Is Sustaita, Raul, , Mr.,  Mailing Address 1602 Scobey  City  Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78537  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40828  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Sustaita, Raul, , Mr.,  Mailing Address 1602 Scobey  City Donna  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78537  C  Occupation (for Individual) private investor  Aggregate Year-to-Date ▼	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41513  Amount of Each Receipt this Period  25.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initial Sustaita, Raul, , Mr.,  Mailing Address 1602 Scobey	al) or Full Orga	anization Name	Date of Receipt
	,	1-	T	12 15 2017
	City Donna	State	Zip Code 78537	Transaction ID : SA11AI.41514
	FEC ID number of contributing federal political committee.	С	1333	Amount of Each Receipt this Period  25.00
	Name of Employer (for Individual)		ation (for Individual)	Memo Item
	selfemployed	private	investor	contribution
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial Swarup, Jyothi, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 8109 N. 1st Street		T	07 20 / 2017
	City	State	Zip Code 78504	Transaction ID : SA11AI.39922
	McAllen	1/	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	100.00		
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) iian	Memo Item contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Swarup, Jyothi, , Dr.,	Date of Receipt		
	Mailing Address 8109 N. 1st Street			08 / 17 / 2017
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40829  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
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	Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Swarup, Jyothi, , Dr.,  Mailing Address 8109 N. 1st Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Date of Receipt  109					
Address 8109 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Mailing Address 8109 N. 1st Street  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  State  TX  78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Swarup, Jyothi, , Dr.,  Mailing Address 8109 N. 1st Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  11				
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC		
	Full Name of Individual (Last, First, Middle Initial Swarup, Jyothi, , Dr.,  Mailing Address 8109 N. 1st Street  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  12		
	Primary General Other (specify) ▼	State TX  C  Occupa physicia Aggregate Yea	Zip Code 78504  tion (for Individual) an ar-to-Date ▼  225.00	Date of Receipt  M M / D D / 2017  Transaction ID: SA11Al.40833  Amount of Each Receipt this Period  25.00  Memo Item contribution
<b>.</b>	Full Name of Individual (Last, First, Middle Initial Sy, Wilson, , Dr.,  Mailing Address 6724 N.Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State TX	Zip Code 78504 tion (for Individual)	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40834  Amount of Each Receipt this Period  25.00  Memo Item contribution
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	150.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Sy, Wilson, , Dr.,  Mailing Address 6724 N.Cynthia  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41517  Amount of Each Receipt this Period  25.00  Memo Item contribution					
Address 6724 N.Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Mailing Address 6724 N.Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  State  Zip Code  TX  78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I Tehran, Norma, , Ms,  Mailing Address 1616 Oaks Road  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State   Zip Code   TX   78539   C     Occupation (for Individual)   private investor   Aggregate Year-to-Date   225.00	Date of Receipt  M M J J D J Z017  Transaction ID: SA11AI.40836  Amount of Each Receipt this Period  25.00  Memo Item contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	75.00				
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Full Name of Individual (Last, First, Middle Initial Tehran, Norma, , Ms,  Mailing Address 1616 Oaks Road	al) or Full Orga	anization Name	Date of Receipt								
	City	State	Zip Code	10 19 2017 Transaction ID : SA11AI.40837								
	Edinburg	TX	78539	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual)		ation (for Individual)	Memo Item								
	selfemployed	private	investor	contribution								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye										
В.	Full Name of Individual (Last, First, Middle Initia Tehran, Norma, , Ms,	Date of Receipt										
	Mailing Address 1616 Oaks Road	11 17 2017										
	City	State	Zip Code	Transaction ID : SA11AI.41519								
	Edinburg	1/	78539	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	25.00										
	Name of Employer (for Individual) selfemployed	1	ation (for Individual) e investor	Memo Item contribution								
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00									
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt								
	Mailing Address 1616 Oaks Road			12 15 2017								
	City Edinburg	State TX	Zip Code 78539	Transaction ID : SA11AI.41520  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		25.00								
	Name of Employer (for Individual) selfemployed		ation (for Individual) investor	Memo Item contribution								
	Receipt For:	Aggregate Ye	ear-to-Date ▼	1								
	Primary General Other (specify)											
H	SUBTOTAL of Receipts This Page (optional)			75.00								

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or for commercial purposes, other than using th	statements may not be sold or used by any person name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle Ir Tey, Alejandro, , ,  Mailing Address 3012 Laurie Lane	nitial) or Full Organization Name	Date of Receipt  07 20 2017
City	State Zip Code	7 20 2017 Transaction ID : SA11AI.39925
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed Receipt For:	physician	contribution
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1750.00	
Full Name of Individual (Last, First, Middle Ir Tey, Alejandro, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3012 Laurie Lane		08 17 2017
City	State Zip Code	Transaction ID : SA11AI.40838
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3012 Laurie Lane		09 15 2017
City	State Zip Code	Transaction ID : SA11AI.40839
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	2250.00	
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	I Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name of Individual (Last, First, Middle Tey, Alejandro, , ,  Mailing Address 3012 Laurie Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self employed  Receipt For:  Primary General Other (specify)	Date of Receipt  10 19 2017  Transaction ID : SA11Al.40840  Amount of Each Receipt this Period  250.00  Memo Item contribution					
Tey, Alejandro, , ,  Mailing Address 3012 Laurie Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For:  Primary General Other (specify) ▼	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Tey, Alejandro, , ,  Mailing Address 3012 Laurie Lane  City State Zip Code Edinburg TX 78539  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed C  Name of Employer (for Individual) Self employed Physician  Receipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle Tey, Alejandro, , ,  Mailing Address 3012 Laurie Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self employed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3000.00	Date of Receipt  12				
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00				
TOTAL This Period (last page this line number	er only)					

Primary

C.

General

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

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

F	OR	LINE	NU	MBER	PAGE 487 OF 56					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tijerina, Erica, , Ms, Date of Receipt Mailing Address 1202 South Gumwood 11 17 2017 City State Zip Code Transaction ID: SA11AI.41523 TX Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tijerina, Erica, , Ms, Date of Receipt Mailing Address 1202 South Gumwood 12 15 2017 City State Zip Code Transaction ID: SA11AI.41524 Pharr TX 78577 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼

Other (specify) V		240.00	
Full Name of Individual (Last, First, Middle In Tiu, Jimmy, , Dr.,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 7700 N. Cynthia			09 15 2017
City	State	Zip Code	Transaction ID : SA11AI.40845
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
selfemployed	physici	an	contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00	

7

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and addi	not be sold or used by any press of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Full Name of Individual (Last, First, Middle Tiu, Jimmy, , Dr.,  Mailing Address 7700 N. Cynthia	Initial) or Full Orga	anization Name	Date of Receipt  10 19 2017
City	State	Zip Code	Transaction ID : SA11AI.40846
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Tiu, Jimmy, , Dr.,  Mailing Address 7700 N. Cynthia	Initial) or Full Orga	anization Name	Date of Receipt
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41525  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) ian	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 275.00	]
Full Name of Individual (Last, First, Middle Tiu, Jimmy, , Dr.,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 7700 N. Cynthia			12 15 2017
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.41526  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			75.00
TOTAL This Period (last page this line numb	er only)		

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date   1750.00	Date of Receipt  07 20 2017  Transaction ID: SA11AI.39928  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State   Zip Code   78501   C    Occupation (for Individual)   private investor   Aggregate Year-to-Date   2000.00	Date of Receipt  08 17 2017  Transaction ID: SA11AL40847  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State   Zip Code   78501   C     Occupation (for Individual)   private investor   Aggregate Year-to-Date   ▼	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40848  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	750.00
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)   General	State Zip Code 78501  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  2500.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40849  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)   Still Name of Individual (Last, First, Middle Individual)	State   Zip Code   78501   C   Occupation (for Individual)   private investor   Aggregate Year-to-Date   2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41527  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Trejo, Jose, , ,  Mailing Address 112 S. Broadway  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary Other (specify)	State   Zip Code   78501   C     Occupation (for Individual)   private investor   Aggregate Year-to-Date   ▼	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Turlapati, Krishna, , Dr., Mailing Address 9123 1st Street	al) or Full Orga	anization Name	Date of Receipt
				07 20 2017
	City McAllen	State	Zip Code 78504	Transaction ID : SA11AI.39929
		17	70004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
	selfemployed	physic	ian	contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00	
В.	Full Name of Individual (Last, First, Middle Initia Turlapati, Krishna, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 9123 1st Street	1		08 17 2017
	City	State	Zip Code	Transaction ID : SA11AI.40850
	McAllen	IX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) iian	Memo Item contribution
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia Turlapati, Krishna, , Dr.,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 9123 1st Street			09 15 2017
	City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.40851
		17	76504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution
	Receipt For:			
	Primary General Other (specify)		900.00	
H	SUBTOTAL of Receipts This Page (optional)			300.00

Name of Employer (for Individual)

General

selfemployed

Receipt For:

Primary

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

FOR LINE NUMBER:							PAGE	4	92 OF		562
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Turlapati, Krishna, , Dr., Date of Receipt Mailing Address 9123 1st Street 19 2017 City Zip Code State Transaction ID: SA11AI.40852 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turlapati, Krishna, , Dr., Date of Receipt Mailing Address 9123 1st Street 11 17 2017 City State Zip Code Transaction ID: SA11AI.41529 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Turlapati, Krishna, , Dr., Date of Receipt Mailing Address 9123 1st Street 12 15 2017 City State Zip Code Transaction ID: SA11AI.41530 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee.

Other (specify)	1200.00										
SUBTOTAL of Receipts This Page (optional)	·····	Ξ	Ι	, ,	_	Ι	,	_	300.	.00	
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1200.00

Occupation (for Individual)

physician

Aggregate Year-to-Date ▼

Memo Item

contribution

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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Turley, Susan, , ,  Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1750.00	Date of Receipt  07
Full Name of Individual (Last, First, Middle I  Turley, Susan, , ,  Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify) ▼	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  08 17 2017  Transaction ID: SA11Al.40853  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Turley, Susan, , ,  Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	State   Zip Code   TX   78504   C     Occupation (for Individual)   physician   Aggregate Year-to-Date   ▼	Date of Receipt  15 2017  Transaction ID: SA11AI.40854  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Turley, Susan, , ,  Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40855  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Turley, Susan, , , Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General Other (specify)   City mcallen  General	State Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41531  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Turley, Susan, , ,  Mailing Address 312 Thunderbird  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  08 17 2017  Transaction ID: SA11Al.40856  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name  State	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40857  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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

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FOF	R LINE	NUMBE	R:	PAGE	4	96 OF	562
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	13	14		15		16	17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City mission	Initial) or Full Organization Name  State Zip Code TX 78572	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date   2500.00	250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2750.00	Date of Receipt  11 17 2017  Transaction ID: SA11Al.41533  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Twahirwa, Marcel, , ,  Mailing Address 2403 El Encino Drive  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41534  Amount of Each Receipt this Period  250.00  Memo Item contribution
, , ,	<b>&gt;</b>	750.00
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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middle Uribe, Lourdes, , ,  Mailing Address 801 E. Nolana	e Initial) or Full Organization Name	Date of Receipt
		07 20 2017
City	State Zip Code	Transaction ID : SA11AI.39932
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle Uribe, Lourdes, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 801 E. Nolana		08 17 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.40859
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Uribe, Lourdes, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 801 E. Nolana		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code 78504	Transaction ID : SA11AI.40860  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional	ı) <b>&gt;</b>	150.00
TOTAL This Period (last page this line num	nber only)	

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	Reports and Statements may not be sold or used by any pe han using the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FE	,	
Full Name of Individual (Last, Fir Uribe, Lourdes, , ,  Mailing Address 801 E. Nolana	rst, Middle Initial) or Full Organization Name	Date of Receipt
Maining Address 601 L. Nolana		10 19 2017
City	State Zip Code	Transaction ID : SA11AI.40861
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual	Occupation (for Individual)	Memo Item
Self employed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, Fir Uribe, Lourdes, , ,  Mailing Address 801 E. Nolana	rst, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 601 E. Nolana		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41535
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individua Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
Full Name of Individual (Last, Fir Uribe, Lourdes, , ,	rst, Middle Initial) or Full Organization Name	Date of Receipt
Mailing Address 801 E. Nolana		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.41536
	70004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual Self employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	600.00	
SUBTOTAL of Receipts This Page	e (optional)	150.00
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,  Mailing Address 2302 Red River Drive	al) or Full Orga	anization Name	Date of Receipt					
	City	State	Zip Code	07 20 2017  Transaction ID : SA11AI.39933					
	Mission	TX	78572	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual) selfemployed	Occupa physic	ation (for Individual) ian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 700.00						
В.	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,  Mailing Address 2302 Red River Drive	Date of Receipt							
	City Mission	Transaction ID : SA11AI.40862							
	FEC ID number of contributing federal political committee.	ТХ	78572	Amount of Each Receipt this Period  100.00					
	Name of Employer (for Individual) selfemployed	Occup	ation (for Individual) sian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 800.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 2302 Red River Drive			09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.40863  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician		Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 900.00						
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	300.00					

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,  Mailing Address 2302 Red River Drive	al) or Full Org	anization Name	Date of Receipt					
	City	State	Zip Code	10 19 2017 Transaction ID : SA11AI.40864					
	Mission	TX	78572	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) selfemployed	Occup: physic	ation (for Individual) sian	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1000.00						
В.	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,	Date of Receipt							
	Walling Address 2302 Red River Drive	lailing Address 2302 Red River Drive							
	City Mission	Zip Code 78572	Transaction ID : SA11AI.41537						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  100.00						
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual)	Memo Item contribution					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1100.00						
<del>-</del>	Full Name of Individual (Last, First, Middle Initial Valladares, Theresa, , Dr.,	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 2302 Red River Drive			12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41538  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician		Memo Item contribution					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1200.00						
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			300.00					

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	Statements may not be sold or used by any pe he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TX 78582  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1750.00	Date of Receipt  M M Z 20 Z 2017  Transaction ID: SA11AI.39934  Amount of Each Receipt this Period  250.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)   Contribution  General	State Zip Code 78582  C  Occupation (for Individual) physician  Aggregate Year-to-Date  2000.00	Date of Receipt  M M
Full Name of Individual (Last, First, Middle I Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State   Zip Code   TX   78582   C    Occupation (for Individual)   physician   Aggregate Year-to-Date   ▼	Date of Receipt  15 2017  Transaction ID: SA11AI.40866  Amount of Each Receipt this Period  250.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC								
Α.	Full Name of Individual (Last, First, Middle Initial Vasquez, Jose, , ,  Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40867  Amount of Each Receipt this Period							
	federal political committee.  Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occup. physic  Aggregate Ye		Memo Item contribution					
В.	Full Name of Individual (Last, First, Middle Initial Vasquez, Jose, , , Mailing Address 2548 Palm Circle  City rio grande city	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41539  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)   Other (specify)	Aggregate Ye	ear-to-Date ▼ 2750.00	250.00  Memo Item contribution					
C.	Full Name of Individual (Last, First, Middle Initial Vasquez, Jose, , , Mailing Address 2548 Palm Circle  City rio grande city  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State TX	Zip Code 78582 ation (for Individual)	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41540  Amount of Each Receipt this Period  250.00  Memo Item contribution					
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u>,                                      </u>	750.00					

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any per lress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name of Individual (Last, First, Middle In Veeramachaneni, Ravindra, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 4404 Santa Fabiola	09 15 2017				
City	Transaction ID : SA11AI.40869				
Mission	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item		
selfemployed	physic	ian	contribution		
Receipt For:  Primary General  Other (specify) ▼					
Full Name of Individual (Last, First, Middle In Veeramachaneni, Ravindra, , Dr.,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 4404 Santa Fabiola			10 19 2017		
City	State TX	Zip Code	Transaction ID : SA11AI.40870		
Mission	1/	78572	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		25.00		
Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) sian	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle In Veeramachaneni, Ravindra, , Dr.		anization Name	Date of Receipt		
Mailing Address 4404 Santa Fabiola			11 17 2017		
City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.41541		
	1/	10312	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	J -				
Name of Employer (for Individual)	Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Occupation (for Individual) physician  Aggregate Year-to-Date ▼				
·					
Other (specify)		275.00			
SUBTOTAL of Receipts This Page (optional)			75.00		
TOTAL This Period (last page this line number	only)				

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	Statements may not be sold or used by any persone name and address of any political committee to						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC						
Full Name of Individual (Last, First, Middle I Veeramachaneni, Ravindra, , Dr.,  Mailing Address 4404 Santa Fabiola	nitial) or Full Organization Name	Date of Receipt					
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.41542					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00						
Full Name of Individual (Last, First, Middle I Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B	Date of Receipt						
City	Transaction ID : SA11AI.39937  Amount of Each Receipt this Period						
McAllen							
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1500.00						
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 100 E. Ridge Road #B		08 17 2017					
City	State Zip Code TX 78503	Transaction ID : SA11AI.40874					
McAllen  FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼						
Primary General Other (specify)	1750.00						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	525.00					
TOTAL This Period (last page this line number	r only)						

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B	al) or Full Org	anization Name	Date of Receipt							
	City	State	Zip Code	09 15 2017  Transaction ID : SA11AI.40875							
	McAllen	TX	78503	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Š									
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) cian	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00								
В.	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,	Date of Receipt									
	Mailing Address 100 E. Ridge Road #B	10 19 2017									
	City McAllen	State	Zip Code 78503	Transaction ID : SA11AI.40876							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  250.00									
	Name of Employer (for Individual) selfemployed	Occup physic	oation (for Individual)	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2250.00								
<u>С</u> .	Full Name of Individual (Last, First, Middle Initi Vela, Efraim, , Dr.,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 100 E. Ridge Road #B			11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.41545  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer (for Individual) selfemployed	Occup physic	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)										
H	SUBTOTAL of Receipts This Page (optional)			750.00							

FOR LINE NUMBER:						PAGE	5	06 OF		562
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Any information copied from such Reports and	Statements may not be sold or used by any per-	son for the purpose of soliciting contributions		
or for commercial purposes, other than using th	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name of Individual (Last, First, Middle Ir Vela, Efraim, , Dr.,  Mailing Address 100 E. Ridge Road #B	nitial) or Full Organization Name	Date of Receipt		
		12 15 2017		
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.41546		
FEC ID number of contributing		Amount of Each Receipt this Period		
fed ID number of contributing federal political committee.	C	250.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
selfemployed Receipt For:	physician	contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00			
Full Name of Individual (Last, First, Middle Ir Verdoreen, Ramiro, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 301 E. Newport		07 20 2017		
City	State Zip Code	Transaction ID : SA11AI.39940		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů			
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00			
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 301 E. Newport		08 17 2017		
City	State Zip Code	Transaction ID : SA11AI.40883		
mcallen	TX 78501	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	200.00		
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify)	1600.00			
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	650.00		
TOTAL This Period (last page this line number	· only)			

FOR LINE NUMBER: PAGE 507 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 15 2017 City Zip Code State Transaction ID: SA11AI.40884 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 10 19 2017 City State Zip Code Transaction ID: SA11AI.40885 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Verdoreen, Ramiro, , , Date of Receipt Mailing Address 301 E. Newport 17 2017 City State Zip Code Transaction ID: SA11AI.41551 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2200.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

FOR LINE NUMBER:						PAGE	5	08 OF		562
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC									
Α.	Full Name of Individual (Last, First, Middle Initial Verdoreen, Ramiro, , , Mailing Address 301 E. Newport	al) or Full Org	anization Name	Date of Receipt							
	City	State	Zip Code	12 15 2017 Transaction ID : SA11AI.41552							
	mcallen	TX	78501	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	200.00									
	Name of Employer (for Individual) selfemployed	Occup: physic	ation (for Individual) iian	Memo Item contribution							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2400.00								
В.	Full Name of Individual (Last, First, Middle Initial Villalta, Carlos, , ,  Mailing Address P. O. Box 1632	al) or Full Org	anization Name	Date of Receipt							
		07 20 2017									
	City mission	State	Zip Code 78573	Transaction ID : SA11AI.39942							
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  125.00									
	Name of Employer (for Individual) selfemployed	Memo Item contribution									
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 875.00								
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial Villalta, Carlos, , ,	al) or Full Orga	anization Name	Date of Receipt							
	Mailing Address P. O. Box 1632			08 17 2017							
	City mission	State TX	Zip Code 78573	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		125.00							
	Name of Employer (for Individual) selfemployed	Occup: physici	ation (for Individual) ian	Memo Item contribution							
	Receipt For: Primary General Other (specify)	Aggregate Ye									
H	SUBTOTAL of Receipts This Page (optional)			450.00							

FOR LINE NUMBER:						PAGE	5	09 OF		562
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	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle IVillalta, Carlos, , ,  Mailing Address P. O. Box 1632  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	Date of Receipt  09	
Full Name of Individual (Last, First, Middle In Villalta, Carlos, , ,  Mailing Address P. O. Box 1632  City  mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	State Zip Code 78573  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1250.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40891  Amount of Each Receipt this Period  125.00  Memo Item contribution
City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary Other (specify)	State Zip Code 78573  C  Occupation (for Individual) physician  Aggregate Year-to-Date   1375.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	375.00
TOTAL This Period (last page this line number	er only)	

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	d Statements may not be sold or used by any puthe name and address of any political committee	person for the purpose of soliciting contributions et o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC						
Full Name of Individual (Last, First, Middle Villalta, Carlos, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address P. O. Box 1632		12 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City							
mission	TX 78573	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	125.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
selfemployed	physician	contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	Primary General						
Full Name of Individual (Last, First, Middle Villanueva, Rita, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 801 E. Nolana	M M / D D / Y Y Y Y Y Y						
Suite 4 City	State Zip Code	07 20 2017					
mcallen	TX 78504	Transaction ID : SA11AI.39943  Amount of Each Receipt this Period					
FEC ID number of contributing	1000	Amount of Lacif Heceipt this Fellou					
federal political committee.	C	50.00					
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	350.00						
Full Name of Individual (Last, First, Middle Villanueva, Rita, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 801 E. Nolana Suite 4		08 17 2017					
City	State Zip Code	Transaction ID : SA11AI.40892					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ÿ [[-1]						
Name of Employer (for Individual)	Memo Item						
selfemployed	contribution						
Receipt For:							
Primary General Other (specify)	400.00						
SUBTOTAL of Receipts This Page (optional)		225.00					
TOTAL This Period (last page this line numb	er only)						

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any peress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle In Villanueva, Rita, , ,  Mailing Address 801 E. Nolana	nitial) or Full Orga	nization Name	Date of Receipt			
Suite 4			09 15 2017			
City	State	Zip Code	Transaction ID : SA11AI.40893			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
selfemployed	physici	an	contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 450.00				
Full Name of Individual (Last, First, Middle In Villanueva, Rita, , ,	Date of Receipt					
Mailing Address 801 E. Nolana Suite 4	Suite 4					
City	State	Zip Code	Transaction ID : SA11AI.40894			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) selfemployed	Occupa physici	ation (for Individual) an	Memo Item contribution			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00				
Full Name of Individual (Last, First, Middle In Villanueva, Rita, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 801 E. Nolana Suite 4			11 17 2017			
City	State	Zip Code	Transaction ID : SA11AI.41557			
mcallen	TX	78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů III.					
Name of Employer (for Individual)	Occupa physicia	tion (for Individual)	Memo Item			
selfemployed Receipt For:	contribution					
Primary General Other (specify)	ar-to-Date ▼ 550.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	150.00			
TOTAL This Period (last page this line number	r only)					

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

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	(	11a 13	11b		11c	12 16	17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	purpose o	of so	oliciting	contributi	ons

Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Villanueva, Rita,,, Date of Receipt Mailing Address 801 E. Nolana Suite 4 15 2017 City State Zip Code Transaction ID: SA11AI.41558 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Villarreal, Carlos, , , Date of Receipt Mailing Address 24275 FM 490 09 15 2017 City State Zip Code Transaction ID: SA11AI.40896 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Villarreal, Carlos, , , Date of Receipt Mailing Address 24275 FM 490 10 19 2017 City State Zip Code Transaction ID: SA11AI.40897 TX edinburg 78541 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any per the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name of Individual (Last, First, Middle I Villarreal, Carlos, , ,  Mailing Address 24275 FM 490  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary Other (specify)   Other (specify)	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41559  Amount of Each Receipt this Period  25.00  Memo Item contribution					
Full Name of Individual (Last, First, Middle I Villarreal, Carlos, , ,  Mailing Address 24275 FM 490  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary Other (specify) ▼	State   Zip Code   78541   C    Occupation (for Individual)   physician    Aggregate Year-to-Date   300.00	Date of Receipt  12 15 2017  Transaction ID : SA11AI.41560  Amount of Each Receipt this Period  25.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle I Villarreal, Victor, , ,  Mailing Address 901 W. Moore  City pharr  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78577  C Occupation (for Individual) physician  Aggregate Year-to-Date  630.00	Date of Receipt  07				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	140.00				
TOTAL This Period (last page this line numbe	er only)					

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name of Individual (Last, First, Middle Initi Villarreal, Victor, , ,	ial) or Full Org	ganization Name	Date of Receipt			
	Mailing Address 901 W. Moore			08 17 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.40898			
	pharr	TX	78577	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	90.00					
	Name of Employer (for Individual)	Memo Item					
	selfemployed	physi	cian	contribution			
	Receipt For: Primary General Other (specify) ▼	_					
В.	Full Name of Individual (Last, First, Middle Initi	Date of Receipt					
	Mailing Address 901 W. Moore	09 15 2017					
	City	State	Zip Code				
		TX	78577	Transaction ID : SA11AI.40899			
	pharr	17	16311	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		90.00			
	Name of Employer (for Individual) selfemployed						
	Receipt For:	Aggregate Y	′ear-to-Date ▼				
	Primary General Other (specify) ▼		810.00				
	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	ganization Name	Date of Receipt			
•	Mailing Address 901 W. Moore			10 19 2017			
	City	State	Zip Code	Transaction ID : SA11AI.40900			
	pharr	TX	78577	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		90.00			
	Name of Employer (for Individual)	Occur	pation (for Individual)	Memo Item			
	selfemployed	physic	,	contribution			
	Receipt For:	1	'ear-to-Date ▼	1			
	Primary General	Aggregate	ear-to-date v				
	Other (specify)						
s	SUBTOTAL of Receipts This Page (optional)		·····	270.00			
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FOR LINE NUMBER: PAGE 515 OF								: ;	562	
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		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Villarreal, Victor, , ,  Mailing Address 901 W. Moore	nitial) or Full Organization Name	Date of Receipt
		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41561
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	
Full Name of Individual (Last, First, Middle In Villarreal, Victor, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 901 W. Moore	0444	12 15 2017
City	State Zip Code TX 78577	Transaction ID : SA11AI.41562
pharr	10011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In Viswamitra, Saroja, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 101 Condor		07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code TX 78504	Transaction ID : SA11AI.39946
mcallen	/8504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2800.00	
SUBTOTAL of Receipts This Page (optional)	1	> 580.00
TOTAL This Period (last page this line number		

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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 persename and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,  Mailing Address 101 Condor  City mcallen  FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40901  Amount of Each Receipt this Period  400.00
Name of Employer (for Individual) selfemployed Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3200.00	Memo Item contribution
Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,  Mailing Address 101 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State TX Zip Code 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼  3600.00	Date of Receipt  M
Full Name of Individual (Last, First, Middle Ini Viswamitra, Saroja, , ,  Mailing Address 101 Condor  City mcallen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40903  Amount of Each Receipt this Period  400.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1200.00
TOTAL This Period (last page this line number	only)	

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

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F	OR	LINE	NU	MBER	:	PAGE	5	17 OF	: :	562	
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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC							
Α.	Full Name of Individual (Last, First, Middle Initi Viswamitra, Saroja, , ,	al) or Full Org	ganization Name	Date of Receipt					
	Mailing Address 101 Condor			11 17 2017					
	City	State	Zip Code	Transaction ID : SA11AI.41563					
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	400.00							
	Name of Employer (for Individual)	Name of Employer (for Individual)  Occupation (for Individual)							
	selfemployed	physi	,	contribution					
	Receipt For:								
	Primary General	Aggregate Y	'ear-to-Date ▼						
	Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initi Viswamitra, Saroja, , ,	Date of Receipt							
	Mailing Address 101 Condor	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID : SA11AI.41564					
	mcallen	TX	78504	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		400.00					
	Name of Employer (for Individual) selfemployed	Occup physi	pation (for Individual) ician	Memo Item contribution					
	Receipt For:	Aggregate Y	′ear-to-Date ▼						
	Primary General Other (specify) ▼		4800.00						
_	Full Name of Individual (Last, First, Middle Initi	al) or Full Org	ganization Name	Date of Receipt					
Ο.	Mailing Address 1017 south 1st			07 20 2017					
	City	State	Zip Code	Transaction ID : SA11AI.39947					
	mcallen	TX	78502	Amount of Each Receipt this Period					
	FEC ID number of contributing			Tandan of Lagri Hoodipt tillo i orlog					
	federal political committee.	С		400.00					
	Name of Employer (for Individual)	Occup	oation (for Individual)	Memo Item					
	self-employed	physic	cian	contribution					
	Receipt For:	Aggregate Y	'ear-to-Date ▼						
	Primary General	3334.0	2800.00						
	Other (specify)								
s	UBTOTAL of Receipts This Page (optional)			1200.00					
Т	OTAL This Period (last page this line number of	only)							

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC										
Α.	Mailing Address 1017 south 1st  City mcallen	State	Zip Code 78502	Date of Receipt  08 17 2017  Transaction ID: SA11AI.40904  Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	deral political committee.  Imme of Employer (for Individual)  If-employed  Doccupation (for Individual)  physician  Aggregate Year-to-Date ▼  Primary  General										
В.	Full Name of Individual (Last, First, Middle Initial Vitko, Roger, , ,  Mailing Address 1017 south 1st  City  mcallen  FEC ID number of contributing	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
	federal political committee.  Name of Employer (for Individual) self-employed  Receipt For:  Primary General  Other (specify) ▼	Occup physic Aggregate Ye		Memo Item contribution								
C.	Full Name of Individual (Last, First, Middle Initial Vitko, Roger, , ,  Mailing Address 1017 south 1st  City	State TX	Zip Code 78502 ation (for Individual)	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40906  Amount of Each Receipt this Period  400.00  Memo Item contribution								
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o			1200.00								

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	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name of Individual (Last, First, Middle Vitko, Roger, , ,  Mailing Address 1017 south 1st	lnitial) or Full Organization Name	Date of Receipt				
		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.41565				
mcallen	TX 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  4400.00					
Full Name of Individual (Last, First, Middle Vitko, Roger, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1017 south 1st	12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code TX 78502	Transaction ID : SA11AI.41566				
mcallen	1A 78502	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	Memo Item contribution				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00					
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1117 Shallow apt 4		07 20 / 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.39948				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	1750.00					
SUBTOTAL of Receipts This Page (optional	)	1050.00				
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562

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 17 2017 apt 4 City Zip Code State Transaction ID: SA11AI.40907 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 09 15 2017 apt 4 City State Zip Code Transaction ID: SA11AI.40908 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Walker, Raymond, , , Date of Receipt Mailing Address 1117 Shallow 10 19 2017 apt 4 City State Zip Code Transaction ID: SA11AI.40909 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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F	OR	LINE	NU	MBER	PAGE	PAGE 521 OF				
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	ports and Statements may not be sold or used by any pers in using the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FED	DERAL PAC					
Full Name of Individual (Last, First Walker, Raymond, , ,  Mailing Address 1117 Shallow	, Middle Initial) or Full Organization Name	Date of Receipt				
apt 4		11 17 2017				
City	State Zip Code	Transaction ID : SA11AI.41567				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General	Aggregate real-to-Date ▼					
Other (specify) ▼	2750.00					
Full Name of Individual (Last, First Walker, Raymond, , ,	, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1117 Shallow		M = M / D = D / Y = Y = Y				
apt 4		12 15 2017				
City	State Zip Code	Transaction ID : SA11AI.41568				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	3000.00					
Full Name of Individual (Last, First Webb, James, , ,	, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 312 Redbud		07 20 / 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.39949				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	62.50				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
self-employed	private investor	contribution				
Receipt For:	Aggregate Year-to-Date ▼	-				
Primary General	Aggregate rear-to-Date •					
Other (specify)	437.50					
SUBTOTAL of Receipts This Page (	optional)	562.50				
TOTAL This Period (last page this lin	ne number only)					

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An or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and ac	y not be sold or used by any per ddress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC					
Α.	Full Name of Individual (Last, First, Middle Init Webb, James, , ,  Mailing Address 312 Redbud		-	Date of Receipt  08 17 2017			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40910  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		62.50			
	Name of Employer (for Individual) self-employed		pation (for Individual) te investor	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼	Primary General					
В.	Full Name of Individual (Last, First, Middle Init Webb, James, , , Mailing Address 312 Redbud	Date of Receipt    M = M					
	City	State	Zip Code	Transaction ID : SA11AI.40911			
	mcallen	TX	78504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	62.50					
	Name of Employer (for Individual) self-employed	1	pation (for Individual) ate investor	Memo Item contribution			
	Receipt For:  Primary General  Other (specify) ▼						
<u> </u>	Full Name of Individual (Last, First, Middle Init Webb, James, , ,	ial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 312 Redbud			10 19 2017			
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.40912  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		62.50			
	Name of Employer (for Individual) self-employed		pation (for Individual) te investor	Memo Item contribution			
	Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 625.00				
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	187.50			
Т	OTAL This Period (last page this line number of	only)	·····				

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Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used be the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name of Individual (Last, First, Middle Webb, James, , ,  Mailing Address 312 Redbud	Initial) or Full Organization Name	Date of Receipt
Mailing Address 312 Redbud		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41569
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employed	private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 687	7.50
Full Name of Individual (Last, First, Middle Webb, James, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 312 Redbud  City	12 15 2017	
mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.41570  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 111 Rio Grande		07 20 / Y Y Y Y Y Y Y
City mission	State Zip Code 78572	Transaction ID : SA11AI.39950  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
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F	OR	LINE	NU	MBER	PAGE	5	24 OF	5	62	
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	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any pethe name and address of any political committee				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC				
Full Name of Individual (Last, First, Middle Wilcox, Patrick, , ,  Mailing Address 111 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General	Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Full Name of Individual (Last, First, Middle  Wilcox, Patrick, , ,  Mailing Address 111 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify) ▼	Date of Receipt  M M M / D D / 2017  Transaction ID : SA11AI.40914  Amount of Each Receipt this Period  100.00  Memo Item contribution				
Full Name of Individual (Last, First, Middle Wilcox, Patrick, , ,  Mailing Address 111 Rio Grande  City mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	900.00  Initial) or Full Organization Name  State Zip Code 78572  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40915  Amount of Each Receipt this Period  100.00  Memo Item contribution			
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	300.00			
TOTAL This Period (last page this line number	er only)				

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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any peg the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name of Individual (Last, First, Middl Wilcox, Patrick, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 111 Rio Grande		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41571
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
Full Name of Individual (Last, First, Middl 3. Wilcox, Patrick, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 111 Rio Grande	M = M / D = D / Y = Y = Y	
C:h	Chaha 7: a Cada	12 15 2017
City	State Zip Code TX 78572	Transaction ID : SA11AI.41572
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	, 1200.00	
Full Name of Individual (Last, First, Middl Wilson, Teresa, , Ms,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1520 Xanthisma		M = M / D = D / Y = Y = Y
		07 20 2017
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.39952
-	70304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
self-employee	investor	contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	350.00	
Other (specify)	350.00	
SUBTOTAL of Receipts This Page (optional	il)	250.00
TOTAL This Period (last page this line num	nber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms,  Mailing Address 1520 Xanthisma  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) investor  Aggregate Year-to-Date ▼	Date of Receipt  M M M
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms,  Mailing Address 1520 Xanthisma  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) investor  Aggregate Year-to-Date  450.00	Date of Receipt  M
Full Name of Individual (Last, First, Middle Wilson, Teresa, , Ms,  Mailing Address 1520 Xanthisma  City McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) self-employee  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code 78504  C  Occupation (for Individual) investor  Aggregate Year-to-Date ▼	Date of Receipt  10 19 2017  Transaction ID : SA11AI.40921  Amount of Each Receipt this Period  50.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	150.00
TOTAL This Period (last page this line number	er only)	

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$\setminus$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC						
Α.	Full Name of Individual (Last, First, Middle Initi Wilson, Teresa, , Ms,	ial) or Full Orga	anization Name	Date of Receipt				
	Mailing Address 1520 Xanthisma			11 17 2017				
	City	State	Zip Code	Transaction ID : SA11AI.41575				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	50.00						
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
	self-employee	investo	or	contribution				
	Receipt For:  Primary General  Other (specify) ▼							
_	Full Name of Individual (Last, First, Middle Initi							
B.	Wilson, Teresa, , Ms,	iai) or ruii orga	anization Name	Date of Receipt				
	Mailing Address 1520 Xanthisma	12 15 2017						
	City	State	Zip Code	Transaction ID : SA11Al.41576				
	McAllen	TX	78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	50.00						
	Name of Employer (for Individual) self-employee	Occupa	ation (for Individual) or	Memo Item contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify) ▼		600.00					
C.	Full Name of Individual (Last, First, Middle Initi Woloski, Deborah, , Ms,	ial) or Full Orga	anization Name	Date of Receipt				
•	Mailing Address 404			11 17 2017				
	Frio City	State	Zip Code	Transaction ID : SA11AI.41577				
	Mission	TX	78573	Amount of Each Receipt this Period				
	FEO ID asserb as a financial button			Amount of Lacif Neceipt this Feriod				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
	selfemployed	private	investor	contribution				
	Receipt For:	Aggregate Ye	ear-to-Date ▼					
	Primary General Other (specify)							
s	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	120.00				
Т	OTAL This Period (last page this line number of	only)						

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any per- e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Woloski, Deborah, , Ms,  Mailing Address 404  Frio  City  Mission  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   78573   C   Occupation (for Individual)   private investor   Aggregate Year-to-Date   240.00	Date of Receipt  12 15 2017  Transaction ID: SA11AI.41578  Amount of Each Receipt this Period  20.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Yanez, Sandra, , Ms,  Mailing Address 106 S. Alton Blvd  City Alton  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   TX   78573   C   Occupation (for Individual)   private investor   Aggregate Year-to-Date   225.00	Date of Receipt  09 15 2017  Transaction ID : SA11AI.40929  Amount of Each Receipt this Period  25.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In Yanez, Sandra, , Ms,  Mailing Address 106 S. Alton Blvd  City Alton  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78573  C  Occupation (for Individual) private investor  Aggregate Year-to-Date  250.00	Date of Receipt  10
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	70.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name of Individual (Last, First, Midd Yanez, Sandra, , Ms,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 106 S. Alton Blvd		11 17 2017
City	State Zip Code TX 78573	Transaction ID : SA11AI.41581
Alton	100/3	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
selfemployed	private investor	contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00	
Other (Specify) \	7 7 7	
Full Name of Individual (Last, First, Midd	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 106 S. Alton Blvd	12 15 2017	
City	State Zip Code	Transaction ID : SA11AI.41582
Alton	TX 78573	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Midd C. Yarra, Subbarrao, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 6905  N. Cynthia		07 20 2017
City	State Zip Code	Transaction ID : SA11AI.39956
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) physician	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	700.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
TOTAL This Period (last page this line nu	mber only)	

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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 persecutive name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self-employed  Receipt For:  Primary  General  Other (specify)	State   Zip Code   78504   C   Occupation (for Individual)   physician   Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / 2017  Transaction ID: SA11AI.40931  Amount of Each Receipt this Period  100.00  Memo Item contribution
Full Name of Individual (Last, First, Middle Inity Yarra, Subbarrao, , , Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Self-employed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  900.00	Date of Receipt  109
Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905  N. Cynthia  City  McAllen  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Self-employed  Receipt For:  Primary  General  Other (specify)	State Zip Code TX 78504  C  Occupation (for Individual) physician  Aggregate Year-to-Date  1000.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40933  Amount of Each Receipt this Period  100.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name of Individual (Last, First, Middle Yarra, Subbarrao, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6905  N. Cynthia		11 17 2017
City	State Zip Code	Transaction ID : SA11AI.41583
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Self-employed	physician	contribution
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1100.00	
Full Name of Individual (Last, First, Middle Yarra, Subbarrao, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6905		M = M / D = D / Y = Y = Y
N. Cynthia	Oheate	12 15 2017
City	State Zip Code	Transaction ID : SA11Al.41584
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) Self-employed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name of Individual (Last, First, Middle Zayed, Fuad, , Dr.,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1425 Sweet Lane		07 20 / 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.39957
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	Memo Item contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	525.00	
SUBTOTAL of Receipts This Page (optional).		275.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name of Individual (Last, First, Middle I Zayed, Fuad, , Dr.,  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   600.00	Date of Receipt  08
Full Name of Individual (Last, First, Middle In Zayed, Fuad, , Dr., Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date   675.00	Date of Receipt  M M M / D J 2017  Transaction ID: SA11Al.40935  Amount of Each Receipt this Period  75.00  Memo Item contribution
Full Name of Individual (Last, First, Middle I Zayed, Fuad, , Dr.,  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date  750.00	Date of Receipt  10 19 2017  Transaction ID: SA11AI.40936  Amount of Each Receipt this Period  75.00  Memo Item contribution
SUBTOTAL of Receipts This Page (optional)	····	225.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name of Individual (Last, First, Middle In Zayed, Fuad, , Dr.,  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.	State Zip Code 78539	Date of Receipt  11 17 2017  Transaction ID: SA11AI.41585  Amount of Each Receipt this Period  75.00
Name of Employer (for Individual) selfemployed Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) physician  Aggregate Year-to-Date ▼  825.00	Memo Item contribution
Full Name of Individual (Last, First, Middle In Zayed, Fuad, , Dr.,  Mailing Address 1425 Sweet Lane  City Edinburg  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) selfemployed  Receipt For:	State Zip Code TX 78539  C  Occupation (for Individual) physician  Aggregate Year-to-Date ▼	Date of Receipt    M
Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle In	900.00	
Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:	State Zip Code  C  Occupation (for Individual)  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)		150.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		260312.50

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Detailed Summary Page	IT	EMIZED DISBURSEMENTS			_ I ` _		,	_	-		_			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commetcial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (In Fill )   BORDER HEALTH FEDERAL PAC														
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Paul) BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)  A. Escamilla, Sandra, MS,  Mailing Address 1418 Quince  City  McAllon  Cardidate Name  Catagopy/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, MS,  Mailing Address 1418 Quince  City  McAllon  City  State  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, MS,  Mailing Address 1418 Quince  City  McAllon  City  City  City  State  Senate  Purpose of Disbursement Contract services - salary expenditure  Candidate Name  Catagopy/ Type  Transaction to: S8218.4158  Amount of Each Disbursement ton:  Office Sought:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, MS,  Mailing Address 1418 Quince  City  Gransaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement  Other (specify)  FEC Identification Number  Catagopy/ Type  Transaction to: S8218.4158  Amount of Each Disbursement  Odi  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Amount of Each Disbursement time Period  Transaction to: S8218.4158  Tra	_													
BORDER HEALTH FEDERAL PAC  Full Name (Last, First, Middle Initial)  A. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City McAllen  TX  78504  Purpose of Disbursement Candidate Name  City State:  District:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City McAllen  President  State:  District:  Full Name (Last, First, Middle Initial)  Cartegory/ Type  Office Sought:  Fec Identification Number  Category/ Type  Transaction ID: S8218.41588  Amount of Each Disbursement  Office Sought:  Fec Identification Number  Category/ Type  Transaction ID: S8218.4159X  Amount of Each Disbursement  Office Sought:  Fec Identification Number  Category/ Type  Transaction ID: S8218.4159X  Amount of Each Disbursement  Office Sought:  Fec Identification Number  Category/ Type  Transaction ID: S8218.4159X  Amount of Each Disbursement For:  Transaction ID: S8218.4159X  Transaction ID: S8218.4159X  Transaction ID: S8218.4159X  Transaction ID: S8218.														
Full Name (Last, First, Middle Initial)  A Escamilla, Sandra, , MS,  Mailing Address 1418 Quince  City  McAllen Purpose of Disbursement contract services - salary expenditure  Candidate Name  Office Sought: House   Disbursement   Primary   General   Purpose of Disbursement   District:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, , MS,  Mailing Address 1418 Quince  City  McAllen  Transaction ID: S8218.41587  Amount of Each Disbursement this Period  Transaction ID: S8218.41581  Amount of Each Disbursement this Period  Transaction ID: S8218.41581  Amount of Each Disbursement this Period  Transaction ID: S8218.41581  Memo Item  Date of Disbursement  Office Sought: House   Disbursement For:   Transaction ID: S8218.41582  Transaction ID: S8218.41583  Memo Item  FEC Identification Number  C. Transaction ID: S8218.41588  Memo Item  Transaction ID: S8218.41588  Amount of Each Disbursement   To 7		NAME OF COMMITTEE (In Full)												
A. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City McAllen Purpose of Disbursement Condidate Name  City McAllen President State: District:  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Candidate Name  City McAllen Office Sought:  Fill Name (Last, First, Middle Initial)  Fill Name (Last, First, Middle Initial)  Fill Name (Last, First, Middle Initial)  Category' McAllen President Candidate Name  City McAllen Office Sought:  Fill Name (Last, First, Middle Initial)  Fill Name (Last, First, Middle Initial)  Category' Nype		BORDER HEALTH FEDERAL PAGE	C											
Mailing Address 1418 Quince  City	_							( D:						
City MoAllen Purpose of Disbursement contract services - salary expenditure Candidate Name  Office Sought:	A.				М	M /	D	D /			Y			
McAllen		Mailing Address 1418 Quince			07	_	Ü			2017				
Purpose of Disbursement contract services - salary expenditure  Candidate Name  Office Sought:		,		'			FEC I	denti	fication	Num	ber			
Contract services - salary expenditure  Candidate Name  Category/ Type  Office Sought:			17	78504				_	-	-	_	-		
Candidate Name  Office Sought: House   President   Primary   General   Primary   President   Primary   General   President   Primary   General   Primary   General   Primary   President   Primary   President   Primary   President   Primary   Primary   Primary   Primary   Primary   Primary   General   Primary   Primary   Primary   General   Gene		·			00	1								
Office Sought: House Senate President For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City State Zip Code Tax Tx		Candidate Name				-	1			_			oriod	
Senate Primary General Other (specify)   State: District:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City McAllen TX 78504  Purpose of Disbursement contract services - salary expenditure  Candidate Name Disbursement For: Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  C. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  Full Name (Last, First, Middle Initial)  C. Escamilla, Sandra, , Ms,  Mailing Address 1418 Quince  City State Zip Code TX 78504  Purpose of Disbursement contract services - salary expenditure  City McAllen TX 78504  Purpose of Disbursement to Cher (specify)  City McAllen TX 78504  Purpose of Disbursement contract services - salary expenditure  City McAllen TX 78504  Purpose of Disbursement contract services - salary expenditure  City McAllen TX 78504  Purpose of Disbursement contract services - salary expenditure  Condidate Name  Office Sought: House Disbursement For: Senate Primary General President District:  State: District: Memo Item  State: District: Memo Item  State: District: Memo Item  Substortal of Disbursements This Page (optional)							Amou	ni oi	Each	DISDUI	Seme	ni ins Pe	enou	
State: District: Other (specify) ▼    Memo Item		Office Sought: House Disburse	ment For:	I			1 I .					713.66	;	
State: District:  Full Name (Last, First, Middle Initial)  B. Escamilla, Sandra, , Ms,  Malling Address 1418 Quince  City  McAllen  Purpose of Disbursement  Contract services - salary expenditure  Candidate Name  Office Sought: House Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Escamilla, Sandra, , Ms,  Malling Address 1418 Quince  Disbursement For:  Senate Primary General Other (specify)  City  McAllen  Transaction ID : SB21B.41588  Amount of Each Disbursement this Period  Transaction ID : SB21B.41588  Amount of Each Disbursement this Period  Transaction ID : SB21B.41588  Amount of Each Disbursement this Period  Transaction ID : SB21B.41584  Amount of Each Disbursement  Office Sought: House Disbursement For:  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Office Sought: Memo Item  State: District:		Senate	Primary	General					,					
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A. Water Tower Village				Date of Disbursement											
Mailing Address 52211 N. McColl Road				11 17 2017											
City McAllen	State TX	Zip Code 78504		FEC Identification Number											
Purpose of Disbursement office lease expenditure			001	C											
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A. CONGRESSIONAL LEADERSHIP FUND			Date of Disbursemen	nt / Y Y Y Y Y Y Y		
Mailing Address 1747 PENNSYLVANIA AVENUE, N 5TH FLOOR	1		10 30	2017		
WASHINGTON	State Zip Code 20006		FEC Identification Nu	umber		
Purpose of Disbursement contribution		011	C C00504530  Transaction ID:	: SB23.41665		
Candidate Name CONGRESSIONAL LEADERSHIP	FUND	Category/ Type		bursement this Period		
	nent For: 2017 Primary 🗶 General		7	50000.00		
State: President  District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
CORREA, JOSE LUIS (LOU) MR., , ,			Date of Disbursemer	nt		
Mailing Address 2335 N. PARK BLVD			10 03	2017		
,	State Zip Code		FEC Identification Nu	umber		
SANTA ANA Purpose of Disbursement	CA 92765		C H6CA46116			
contribution 011						
Candidate Name	Category/ Amount of Each Dispursement this Period					
CORREA, JOSE LUIS (LOU) MR.,		Туре		5000.00		
	nent For: 2018		7	5000.00		
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State: CA District: 46	cuio (opcony)		Memo Item			
Full Name (Last, First, Middle Initial)  C. CORREA, JOSE LUIS (LOU) MR.,			Date of Disbursemer	nt		
CORREA, 900E E010 (E00) MIR.,	M M / D D	/ Y   Y   Y   Y   Y				
Mailing Address 2335 N. PARK BLVD			10 03	2017		
,	State Zip Code		FEC Identification Nu	umber		
SANTA ANA Purpose of Disbursement	CA 92765		C H6CA46116			
contribution		011		CD00 44C74		
Candidate Name		Category/	Transaction ID : Amount of Each Disk	bursement this Period		
CORREA, JOSE LUIS (LOU) MR.,		Type				
	nent For: 2018			5000.00		
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Full Name (Last, First, Middle Initial)  A. DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC DR RAUL PAC			Date of Disbursement	
Mailing Address PO BOX 3433				12 04 2017
PALM DESERT	State CA	Zip Code 92261		FEC Identification Number
Purpose of Disbursement contribution			011	C C00569871  Transaction ID : SB23.41659
Candidate Name DOING RIGHT - RESULTS ACTION UNITY LEADERSH			Category/ Type	Amount of Each Disbursement this Period
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State: District:	-			
Full Name (Last, First, Middle Initial)  B. ESCOBAR, VERONICA, , ,				Date of Disbursement
Mailing Address PO BOX 3961		I		11 30 2017
City EL PASO	State TX	Zip Code 79923		FEC Identification Number
Purpose of Disbursement contribution 011				C H8TX16109  Transaction ID : SB23.41662
Candidate Name ESCOBAR, VERONICA, , ,		"	Category/ Type	Amount of Each Disbursement this Period
Office Sought:    House   Disbursement For: 2018     Senate     Primary   General				5000.00
State: TX District: 16	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial)  C. ESCOBAR, VERONICA, , ,				Date of Disbursement
Mailing Address PO BOX 3961				11 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EL PASO	State TX	Zip Code 79923		FEC Identification Number
Purpose of Disbursement contribution  Candidate Name			011 Category/	C H8TX16109  Transaction ID: SB23.41663  Amount of Each Disbursement this Period
ESCOBAR, VERONICA, , ,  Office Sought:   W   House   Disburse	ment For: 2	2018	Type	5000.00
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Full Name (Last, First, Middle Initial)  GOODEN, LANCE, , ,			Date of Disbursement
Mailing Address 215 ELM DR			12 26 2017
TERRELL	State Zip Code TX 75160		FEC Identification Number  C H8TX05144
Purpose of Disbursement contribution  Candidate Name			
GOODEN, LANCE, , ,	nent For: 2018	Category/ Type	Amount of Each Disbursement this Period 5000.00
Senate	Primary General Other (specify) ▼		Memo Item
State: TX District: 05			LI WOTTO TROTT
Full Name (Last, First, Middle Initial)  B. KEY WINS PAC			Date of Disbursement
Mailing Address P.O. BOX 458			10 16 2017
LAS VEGAS	State Zip Code NV 89125		FEC Identification Number
Purpose of Disbursement contribution	011	C C00651638  Transaction ID : SB23.41669	
Candidate Name KEY WINS PAC		Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2017 Primary General		5000.00
State: District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)  C. KIHUEN, RUBEN, , ,			Date of Disbursement
Mailing Address 200 W SAHARA AVE #3802			10 11 2017
City  LAS VEGAS  Purpose of Disbursement contribution	State Zip Code NV 89102		FEC Identification Number  C H2NV00050
Candidate Name KIHUEN, RUBEN, , ,		O11 Category/ Type	Transaction ID : SB23.41671 Amount of Each Disbursement this Period
Office Sought:    March   House   Disbursen	nent For: 2018  Primary		5000.00 Memo Item
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Mailing Address 200 W SAHARA AVE #3802			10 11 2017		
City	State Zip Code		FEC Identification Number		
LAS VEGAS Purpose of Disbursement	NV 89102				
contribution		011	C H2NV00050		
Candidate Name			Transaction ID: SB23.41672  Amount of Each Disbursement this Period		
KIHUEN, RUBEN, , ,		Category/ Type	Amount of Lacit Dispulsement this Period		
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B. OC JOBS & EDUCATION			Date of Disbursement		
JO JOBO & EDUCATION			M M / D D / Y Y Y Y		
Mailing Address 420 TWIN OAKS VALLEY ROA #2229			10 03 2017		
City	State Zip Code		FEC Identification Number		
SAN MARCOS Purpose of Disbursement	CA 92079		C 000000005		
contribution		011	C C00630285		
Candidate Name		Category/	Transaction ID : SB23.41675  Amount of Each Disbursement this Period		
OC JOBS & EDUCATION		Type			
	ement For: 2017		5000.00		
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State: District:			Memo Item		
Full Name (Last, First, Middle Initial)					
C. PROSPERITY ACTION INC.			Date of Disbursement		
Matter Address and the second			M M / D D / Y Y Y Y		
Mailing Address 320 1ST STREET SE			10 24 2017		
City	State Zip Code		FEC Identification Number		
WASHINGTON	DC 20003				
Purpose of Disbursement contribution	l l	011	C C00377689		
Candidate Name		011	Transaction ID : SB23.41668		
PROSPERITY ACTION INC.		Category/ Type	Amount of Each Disbursement this Period		
	ement For: 2017	.71	5000.00		
Senate	Primary <b>x</b> General		7 7 7		
President	Other (specify) ▼		Memo Item		
State: District:					
SUBTOTAL of Disbursements This Page (optional	)	······	15000.00		
TOTAL This Devied (lock name this line name)	lo A				
TOTAL This Period (last page this line number on	ıy <i>)</i>				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)	
	Detailed Summary Page	21b 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b	
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)  A. RUIZ, RAUL DR, , ,			Date of Disbursement	
Mailing Address 73373 COUNTRY CLUB DRIVE #19	904		12 04 2017	
,	State Zip Code CA 92260		FEC Identification Number	
contribution  Candidate Name		011	Transaction ID : SB23.41660  Amount of Each Disbursement this Period	
	RUIZ, RAUL DR, , ,  Office Sought:  Make and the control of the co			
	Primary	Memo Item		
Full Name (Last, First, Middle Initial)  B. RUIZ, RAUL DR, , ,  Mailing Address 73373 COUNTRY CLUB DRIVE #1	1904		Date of Disbursement    M	
PALM DESERT	State Zip Code CA 92260		FEC Identification Number	
Purpose of Disbursement contribution  Candidate Name	Transaction ID : SB23.41661 Amount of Each Disbursement this Perio			
Office Sought:    X   House   Disbursem   X   Figure   The state   The state	Senate Primary General			
State: CA District: 36	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) C. RUIZ VICTORY FUND			Date of Disbursement	
Mailing Address PO BOX 6116			12 04 2017	
,	State Zip Code CA 92248		FEC Identification Number	
Candidate Name RUIZ VICTORY FUND		O11 Category/ Type	Transaction ID: SB23.41658 Amount of Each Disbursement this Period	
Office Sought:    X   House   Disbursem   Senate	nent For: 2017 Primary X General Other (specify) ▼		5000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)			15000.00	
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		ate schedule(s)	FOR LINE NUMBER: PAGE 558 (check only one)		
ITEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	21b 22 <b>X</b> 28a 28b		3 26 27 8c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  BORDER HEALTH FEDERAL PAC					200.000
Full Name (Last, First, Middle Initial)  A. RYAN, PAUL D., , ,			Date of Disb	ursement	
Mailing Address PO BOX 1488				10	24 2017
JANESVILLE	State Z	Zip Code 53547		FEC Identification	ation Number
Purpose of Disbursement contribution  Candidate Name				C H8WI	01024 ion ID : SB23.41666
RYAN, PAUL D., , ,			Category/ Type	Amount of Ea	ach Disbursement this Period
Senate	ment For: 2018 Primary				5000.00
State: WI District: 01	(- 0-011	· · · ·		Memo Ite	em
Full Name (Last, First, Middle Initial) <b>B.</b> RYAN, PAUL D., , ,				Date of Disb	ursement
Mailing Address PO BOX 1488				10	24 2017
JANESVILLE	State 2	Zip Code 53547		FEC Identifica	ation Number
Purpose of Disbursement contribution 011				C H8WI	01024 ion ID : SB23.41667
Candidate Name RYAN, PAUL D., , ,			Category/ Type	Amount of Ea	ach Disbursement this Period
	nent For: 20 Primary	18 General			5000.00
State: WI District: 01	Other (specify	y)		Memo Ite	em
Full Name (Last, First, Middle Initial)  C. TEXANS FOR HENRY CUELLAR CO	NGRESS	SIONAL CAM	1PAIGN	Date of Disb	
Mailing Address 1519 WASHINGTON STREET SUITE 200				12	20 2017
,	State 7 TX	Zip Code 78040			ation Number
contribution  Candidate Name  TEXANS FOR HENRY CUELLAR CONGRESS	SIONAL CAM	1PAIGN	011 Category/	Transact	tion ID: SB23.41656 ach Disbursement this Period
Office Sought: House Disbursem	nent For: 20		Туре		5000.00
	Other (specify	~		Memo Ite	em
SUBTOTAL of Disbursements This Page (optional)					15000.00
TOTAL This Period (last page this line number only).					7 1 7 1 7 1

### : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: SB23

Transaction ID : SB23.41666

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule: SB23 Transaction ID: SB23.41667

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

## ľ

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 560 OF
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)       21b     22     X     23     26     27       28a     28b     28c     29     30b
		d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Full Name (Last, First, Middle Initial)	NODEOGIONAL OAN	ADALON Data of Dishursament
Mailing Address 1519 WASHINGTON STREET	ONGRESSIONAL CAN	Date of Disbursement  12 20 2017
SUITE 200		
City S	State Zip Code TX 78040	FEC Identification Number
Purpose of Disbursement contribution		011 C C00371302 Transaction ID : SB23,41657
Candidate Name TEXANS FOR HENRY CUELLAR CONGRESSI	ONAL CAMPAIGN	Category/ Amount of Each Disbursement this Period
Office Sought:  House Disbursen	nent For: 2018 Primary General	Type 5000.00
State: TX District: 28	Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
3. TEXAS FIRST PAC	Date of Disbursement	
Mailing Address 1519 WASHINGTON STREET SUITE 200		12 26 2017
LAREDO	State Zip Code TX 78040	FEC Identification Number
Purpose of Disbursement contribution  Candidate Name	O11 C C00439398 Transaction ID : SB23.41655	
		Category/ Type  Amount of Each Disbursement this Period
Senate	nent For: 2017 Primary	5000.00
State: President District:	Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	1	C
Candidate Name	L	Category/ Type  Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate	nent For: Primary General	
President State: District:	Other (specify) ▼	Memo Item
<u> </u>		10000.00
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		145000.00

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 561 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

562

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen TX 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 900.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space AC Rentals Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 900.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 1800.00 1) SUBTOTALS This Period This Page (optional)..... 1800.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 1800.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SD10 Transaction ID: SD10.9553

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

Form/Schedule: SD10 Transaction ID: SD10.10053

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