

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **612 W. Nolana Suite 340**
Check if different than previously reported. (ACC) **McAllen TX 78504**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00415752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 07 01 2017 through / / 12 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Perez, Ernie, , ,
Type or Print Name of Treasurer

Signature of Treasurer Perez, Ernie, , , [Electronically Filed] Date / / 01 31 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		319213.78
(b) Cash on Hand at Beginning of Reporting Period.....	476133.21	
(c) Total Receipts (from Line 19)	265891.08	531785.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	742024.29	850999.06
7. Total Disbursements (from Line 31).....	187229.45	296204.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	554794.84	554794.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1800.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	260312.50	488695.00
(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 Totals to Line 33, page 5)	265891.08	531785.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	265891.08	531785.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	265891.08	531785.28

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42229.45	91204.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42229.45	91204.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	145000.00	205000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	187229.45	296204.22
32. 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

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

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

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

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aboujamous, Riad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39959
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Aboujamous, Riad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39960
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Aboujamous, Riad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40937
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aboujamous, Riad, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 Fullerton
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40938
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39634
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.39961
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39962
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39963
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40940
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Charity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1619 heritage lane
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40941
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39635
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

C. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.39964
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200
 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39965
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

B. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200
 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39966
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

C. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200
 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40942
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 E. Xenops
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40943
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

B. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1750.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39636
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.39967
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39968
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39969
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40944
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Abreu, Ruben, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 augusta square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40945
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39637
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.39970
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39971
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39972
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40946
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aguilera, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 807 North Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40947
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Alam, S.M. Golam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 E. Savannah #7
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40948
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

C. Alam, S.M. Golam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 E. Savannah #7
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40949
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alizy, Sahar, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11Al.39977

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Alizy, Sahar, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11Al.39978

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Alizy, Sahar, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11Al.40950

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alizy, Sahar, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1609 Martin

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40951

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Alleyn, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5505 N. 4th

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39640

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Alleyn, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5505 N. 4th

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.39979

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alleyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 N. 4th
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39980
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Alleyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 N. 4th
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39981
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Alleyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 N. 4th
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40952
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alleyn, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 N. 4th
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40953
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39641
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.39982
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39983
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39984
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Alleyn, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8330 North Shary Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40954
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Alleyn, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8330 North Shary Road

City mission	State TX	Zip Code 78572
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40955

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Almedia, Hillary, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 E. Vermont

City McAllen	State TX	Zip Code 78504
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39642

Amount of Each Receipt this Period
75.00

Memo Item contribution

C. Almedia, Hillary, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 E. Vermont

City McAllen	State TX	Zip Code 78504
--------------	----------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.39986

Amount of Each Receipt this Period
75.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 22 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Almedia, Hillary, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E. Vermont
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11Al.39987
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

B. Almedia, Hillary, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E. Vermont
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11Al.39988
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Almedia, Hillary, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 E. Vermont
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11Al.40956
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Almedia, Hillary, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 E. Vermont

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40957

Amount of Each Receipt this Period
75.00

Memo Item contribution

B. Amyx, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2108 Mynah

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39643

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Amyx, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2108 Mynah

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.39989

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Amyx, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Mynah
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39990
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Amyx, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Mynah
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39991
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Amyx, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2108 Mynah
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40958
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Amyx, Michael, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017
Mailing Address 2108 Mynah		Transaction ID : SA11AI.40959
City mcallen	State TX	Zip Code 78501
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) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Apolinario, Jumar, B., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2017
Mailing Address 2805 Santa Erica		Transaction ID : SA11AI.39644
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physicain	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Apolinario, Jumar, B., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2017
Mailing Address 2805 Santa Erica		Transaction ID : SA11AI.39992
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physicain	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Apolinario, Jumar, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Santa Erica
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physcain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39993
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Apolinario, Jumar, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Santa Erica
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physcain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.39994
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Apolinario, Jumar, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Santa Erica
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physcain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40960
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Apolinario, Jumar, B., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2805 Santa Erica
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40961
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Aquino, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 E. Xenops
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39645
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Aquino, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 E. Xenops
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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).....	200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 562
(check only one)
 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. Aquino, Eduardo, , Dr.,

Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.39996

Amount of Each Receipt this Period
50.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Aquino, Eduardo, , Dr.,

Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.39997

Amount of Each Receipt this Period
50.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Aquino, Eduardo, , Dr.,

Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.40962

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aquino, Eduardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40963

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Arce, Daisy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39647

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Arce, Daisy, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.39998

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arce, Daisy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.39999
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Arce, Daisy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40000
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Arce, Daisy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40964
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arce, Daisy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40965
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Argenal, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7512 N. Cynthia Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40966
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Argenal, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7512 N. Cynthia Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40967
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arias-Viaud, Julio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39649
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Arias-Viaud, Julio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40004
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Arias-Viaud, Julio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Santa Paula
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40005
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arias-Viaud, Julio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Santa Paula

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40006

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Arias-Viaud, Julio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Santa Paula

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.40968

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Arias-Viaud, Julio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Santa Paula

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40969

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arrazola, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5114 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39650

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Arrazola, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5114 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40007

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Arrazola, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5114 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40008

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Arrazola, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5114 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40009
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Arrazola, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5114 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.40970
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Arrazola, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5114 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.40971
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39651
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40010
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40011
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 37 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40012
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.40972
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Asase, Danilo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Kensington Lane
 City Brownsville State TX Zip Code 78526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.40973
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Assistores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39652
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

B. Assistores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40013
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Assistores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40014
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 39 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Assitores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40015
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

B. Assitores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40974
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Assitores, Marilyn, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2222 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40975
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aude, Wady Aude, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E. Fern #E
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40017
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Aude, Wady Aude, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E. Fern #E
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40018
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Aude, Wady Aude, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E. Fern #E
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40976
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aude, Wady Aude, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 E. Fern #E
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40977
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Avila, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39654
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Avila, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40019
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Avila, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40020

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Avila, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40021

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Avila, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 W. 20th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.40978

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 43 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Avila, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 W. 20th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40979
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39655
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40022
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 44 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40023
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40024
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Aviles, Wilfredo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 Wildwood
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40980
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Aviles, Wilfredo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2600 Wildwood

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40981

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Ayers, Roberto, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S. Jackson #7

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39656

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ayers, Roberto, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 S. Jackson #7

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40025

Amount of Each Receipt this Period
100.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ayers, Roberto, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40026
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Ayers, Roberto, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40027
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Ayers, Roberto, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40982
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ayers, Roberto, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1900 S. Jackson #7
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40983
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 S. Airport suite 6
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39657
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 S. Airport suite 6
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40028
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017

Transaction ID : SA11AI.40029

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40030

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : SA11AI.40984

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 562
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Badiga, Murphy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1503 S. Airport suite 6
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40985
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39658
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40031
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40032
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40033
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Barrera, Marcos, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3000 Yellowhammer
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Barrera, Marcos, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Yellowhammer

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.40987

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Barrera, Ricardo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39659

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Barrera, Ricardo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 Frio

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40034

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Barrera, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40035
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Barrera, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40036
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Barrera, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40988
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Barrera, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Frio
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40989
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39661
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40040
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40041
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40042
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40992
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Behara, Sebrahmanyam, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40993
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39662
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40043
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40044
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40045
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40994
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bernini, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Ana
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40995
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39663
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40046
 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 only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40047
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40048
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40996
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bose, Sarojini, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7007 N 1st Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.40997
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39664
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40049
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40050
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40051
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.40998
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bracamontes, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.40999
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Bracamontes, Yvonne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39665
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Bracamontes, Yvonne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40052
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bracamontes, Yvonne, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40053

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Bracamontes, Yvonne, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40054

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Bracamontes, Yvonne, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2005 Cimarron Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41000

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Bracamontes, Yvonne, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2005 Cimarron Court
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41001
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Canales, Erasto, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39666
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Canales, Erasto, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40055
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Canales, Erasto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Bluebird

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40056

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Canales, Erasto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Bluebird

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40057

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Canales, Erasto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Bluebird

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41002

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Canales, Erasto, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Bluebird
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41003
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39667
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40058
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40059
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40060
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Canales, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 Marigold
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41004
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Canales, Ricardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 408 Marigold

City McAllen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41005

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Canals, Desi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1912 Trinity

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40062

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Canals, Desi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1912 Trinity

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40063

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Canals, Desi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1912 Trinity

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41006

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Canals, Desi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1912 Trinity

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41007

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Cantu, Alonzo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 2673

City mcallen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Alonzo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 2673
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40064
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Cantu, Alonzo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 2673
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40065
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Cantu, Alonzo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 2673
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40066
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Alonzo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 2673
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41008
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Cantu, Alonzo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 2673
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41009
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Cantu, David, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 Kiwi
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39670
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Kiwi

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40067

Amount of Each Receipt this Period
30.00

Memo Item contribution

B. Cantu, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Kiwi

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40068

Amount of Each Receipt this Period
30.00

Memo Item contribution

C. Cantu, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Kiwi

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40069

Amount of Each Receipt this Period
30.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Kiwi

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41010

Amount of Each Receipt this Period
30.00

Memo Item contribution

B. Cantu, David, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 Kiwi

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41011

Amount of Each Receipt this Period
30.00

Memo Item contribution

C. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39671

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40070

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40071

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40072

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41012

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Cantu, Leonel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2102 Deborah

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41013

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Cantu, Melissa, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39672

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40073

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40074

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40075

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41014

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Cantu, Melissa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 S. Gumwood

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41015

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Caporusso, Joseph, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 217 E. Yellowhammer

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39674

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Caporusso, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40079
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Caporusso, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40080
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Caporusso, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40081
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Caporusso, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41018
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Caporusso, Joseph, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 217 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41019
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39675
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40082
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40083
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40084
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41020
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Cardenas, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 N. Taylor Road
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41021
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39676
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40085
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40086
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40087
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41022
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Carreras, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1016 E. Griffin Parkway
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41023
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39677
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40088
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40090
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40091
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41024
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Castaneda, Marissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5021 Elk Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41025
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39678
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40092
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40093
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40094
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41026
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Castrillon, Augusto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Rio Grande Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41027
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Chineke, Chinwendu, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2012 Andrea
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41028
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Chineke, Chinwendu, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2012
Andrea

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41029

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Cooper, Virah, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39680

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Cooper, Virah, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1801 South 5th Street suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40098

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cooper, Virah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40099
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Cooper, Virah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40100
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Cooper, Virah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41030
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cooper, Virah, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 South 5th Street suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41031
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39681
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40101
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40102
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40103
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41032
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cooper-Dockery, Donna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Solera Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41033
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Cortez, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 South Burns Drive
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39683
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Cortez, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 South Burns Drive
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40107
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortez, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 South Burns Drive
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40108
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Cortez, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 South Burns Drive
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40109
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Cortez, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4101 South Burns Drive
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41036
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortez, Oscar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41037

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Cortinas, Diana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 Northgate Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39684

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Cortinas, Diana, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 Northgate Lane

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40110

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40111
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Cortinas, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40112
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

C. Cortinas, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

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).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Cortinas, Diana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41039
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39685
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40113
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 96 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40114
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40115
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41040
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 Northgate Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41041
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39686
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40116
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40117
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40118
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41042
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Cortinas, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 Northgate
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41043
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Costa, Hildegardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39687
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Costa, Hildegardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Bluebird
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40119
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Costa, Hildegardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40120

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Costa, Hildegardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40121

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Costa, Hildegardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41044

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Costa, Hildegardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 129 Bluebird

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41045

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Darling, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39688

Amount of Each Receipt this Period
150.00

Memo Item contribution

C. Darling, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40122

Amount of Each Receipt this Period
150.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Darling, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 E Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40123
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

B. Darling, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 E Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40124
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

C. Darling, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1225 E Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41046
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Darling, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1225 E Peking

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41047

Amount of Each Receipt this Period
150.00

Memo Item contribution

B. Deanda, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2408 Dorado

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39689

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Deanda, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2408 Dorado

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40125

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Deanda, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Dorado
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40126
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Deanda, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Dorado
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40127
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Deanda, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Dorado
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41048
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Deanda, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Dorado
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41049
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. De Hoyos, Randy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Yellowstone St
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41050
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. De Hoyos, Randy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Yellowstone St
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41051
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39693
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40137
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

C. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40138
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40139

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : SA11AI.41056

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Delgado, Luis, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 N. 10th

City Mcallen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.41057

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39694

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40140

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40141

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40142

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41058

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Desai, Parul, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41059

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Desai, Satish, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39695

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Desai, Satish, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40143

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Desai, Satish, D., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7004 North 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40144

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 111 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Desai, Satish, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7004 North 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40145
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Desai, Satish, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7004 North 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41060
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Desai, Satish, D., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7004 North 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41061
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39696
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40146
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40147
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40148
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41062
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Disque, Laura, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2020 Anacua Circle
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41063
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Disque, Ted, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Iris

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41064

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Disque, Ted, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 Iris

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41065

Amount of Each Receipt this Period
20.00

Memo Item contribution

C. Duran, Alberto, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1615 Palazzo

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39698

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Duran, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 Palazzo
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40152
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Duran, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 Palazzo
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40153
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Duran, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 Palazzo
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 116 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Duran, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 Palazzo
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41066
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Duran, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1615 Palazzo
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41067
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39699
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 117 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40155
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40156
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40157
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41068
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Esparza, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 W. Yucca
 City mcallent State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41069
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Estrellando, Johnny, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2113 La Condesa Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Estrellando, Johnny, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2113 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40160

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Estrellando, Johnny, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2113 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41070

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Estrellando, Johnny, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2113 La Condesa Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41071

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39701
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40161
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40162
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40163
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41072
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Falcon, Antonio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2768 Pharmacy Road
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41073
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39702
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40164
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40165
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40166
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41074
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Falcon, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 Westway
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41075
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Feigl, Alexander, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39703

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Feigl, Alexander, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40167

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Feigl, Alexander, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40168

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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Feigl, Alexander, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed
 Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40169

Amount of Each Receipt this Period
 250.00

Memo Item contribution

B. Feigl, Alexander, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed
 Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : SA11AI.41076

Amount of Each Receipt this Period
 250.00

Memo Item contribution

C. Feigl, Alexander, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed
 Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.41077

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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39704
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40170
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40171
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40172
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41078
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Flores, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Primrose
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41079
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Flores, Melissa, P., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4420 East Mile 17 1/2

City Edinburg	State TX	Zip Code 78542
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40177

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Flores, Melissa, P., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4420 East Mile 17 1/2

City Edinburg	State TX	Zip Code 78542
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40178

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Flores, Melissa, P., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4420 East Mile 17 1/2

City Edinburg	State TX	Zip Code 78542
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41082

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Flores, Melissa, P., Ms,		Date of Receipt MM / DD / YYYY 12 / 15 / 2017 Transaction ID : SA11AI.41083
Mailing Address 4420 East Mile 17 1/2		Amount of Each Receipt this Period 25.00
City Edinburg	State TX	Zip Code 78542
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Franklin, Raymond, , Mr.,		Date of Receipt MM / DD / YYYY 07 / 20 / 2017 Transaction ID : SA11AI.39707
Mailing Address 3212 Nightingale Court		Amount of Each Receipt this Period 50.00
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Franklin, Raymond, , Mr.,		Date of Receipt MM / DD / YYYY 08 / 17 / 2017 Transaction ID : SA11AI.40179
Mailing Address 3212 Nightingale Court		Amount of Each Receipt this Period 50.00
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 130 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Franklin, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3212 Nightingale Court
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40180
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Franklin, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3212 Nightingale Court
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40181
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Franklin, Raymond, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3212 Nightingale Court
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Franklin, Raymond, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 Nightingale Court

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41085

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Galindo, Eugenio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39708

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Galindo, Eugenio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5936 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40182

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Galindo, Eugenio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5936 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40183
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Galindo, Eugenio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5936 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40184
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Galindo, Eugenio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5936 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

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).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Galindo, Eugenio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5936 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41087
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39709
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40185
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 134 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40186
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40187
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41088
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Elvin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 Santa Teresa
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41089
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39710
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40188
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40189
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40190
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41090
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Hiram, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2712 E Mile 5 Road
 City Mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41091
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Garcia, Nancy, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1409 Dora Jeanne Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41092
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

C. Garcia, Nancy, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1409 Dora Jeanne Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41093
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39712
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Garcia, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40194
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Garcia, Oscar, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1717 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40195
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Garcia, Oscar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40196

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Garcia, Oscar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41094

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Garcia, Oscar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41095

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Ricardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6108 North 5th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39714

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Garcia, Ricardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6108 North 5th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40200

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Garcia, Ricardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6108 North 5th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40201

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 141 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6108 North 5th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40202
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Garcia, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6108 North 5th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41098
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Garcia, Ricardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6108 North 5th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41099
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 E. Guardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39715
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Garcia, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 E. Guardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40203
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Garcia, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 E. Guardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40204
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40205

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Garcia, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41100

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Garcia, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41101

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 144 OF 562
(check only one)
 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. Garcia, Teresa Maria, , Ms,

Mailing Address 6001 N. 36th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40207

Amount of Each Receipt this Period
25.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Garcia, Teresa Maria, , Ms,

Mailing Address 6001 N. 36th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40208

Amount of Each Receipt this Period
25.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Garcia, Teresa Maria, , Ms,

Mailing Address 6001 N. 36th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41102

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia, Teresa Maria, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 N. 36th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41103
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Garcia-Cantu, Carlos, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4121 N. 10th #240
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39717
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Garcia-Cantu, Carlos, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4121 N. 10th #240
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40209
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 562
(check only one)
 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. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40210

Amount of Each Receipt this Period
400.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40211

Amount of Each Receipt this Period
400.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Garcia-Cantu, Carlos, , Dr.,

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41104

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garcia-Cantu, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41105

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Garza, Anna, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40216

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Garza, Anna, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40217

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Anna, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41108

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Garza, Anna, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41109

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Garza, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39720

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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40218

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Garza, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40219

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Garza, James, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40220

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Garza, James, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 17 / 2017 Transaction ID : SA11AI.41110
Mailing Address 2821 Lakeshore Drive		Amount of Each Receipt this Period 400.00
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garza, James, , Dr.,		Date of Receipt MM / DD / YYYY 12 / 15 / 2017 Transaction ID : SA11AI.41111
Mailing Address 2821 Lakeshore Drive		Amount of Each Receipt this Period 400.00
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garza, Martin, , Dr.,		Date of Receipt MM / DD / YYYY 07 / 20 / 2017 Transaction ID : SA11AI.39721
Mailing Address P.O. Box 180		Amount of Each Receipt this Period 50.00
City Linn	State TX	Zip Code 78563
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40221

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40222

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40223

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41112

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Garza, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41113

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Garza, Rene, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5404 N. 1st street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

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 only).....	

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

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

FOR LINE NUMBER: PAGE 153 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40224
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Garza, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40225
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Garza, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40226
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41114
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Garza, Rene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5404 N. 1st street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41115
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Garza-Montalvo, Ayda, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2311 Silvardo North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) self-employee physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39724
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza-Montalvo, Ayda, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2311 Silvarido North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40230
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Garza-Montalvo, Ayda, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2311 Silvarido North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40231
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Garza-Montalvo, Ayda, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2311 Silvarido North
 City Palmhurst State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) self-employee physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40232
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza-Tamez, Jesus, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 W. Gardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39725
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Garza-Tamez, Jesus, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 W. Gardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40233
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Garza-Tamez, Jesus, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 W. Gardenia
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40234
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Garza-Tamez, Jesus, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 W. Gardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40235

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Garza-Tamez, Jesus, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 W. Gardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41118

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Garza-Tamez, Jesus, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 W. Gardenia

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41119

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39726
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40236
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40237
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 159 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40238
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41120
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gelman, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sundown Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41121
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. George, Sathiyaraj, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 Solera
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41122
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

B. George, Sathiyaraj, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 Solera
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41123
 Amount of Each Receipt this Period
 20.00
 Memo Item contribution

C. Gillett, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39729
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gillett, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40245
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Gillett, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40246
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Gillett, Richard, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 South 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40247
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gillett, Richard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41126

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Gillett, Richard, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 South 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41127

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Giraldo, Alvaro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 W. Flamingo

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39730

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40248
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40249
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40250
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41128
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Giraldo, Alvaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 W. Flamingo
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41129
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Gomez, Felipe, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2401 SE Augusta Square
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39731
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 165 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 SE Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40251

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Gomez, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 SE Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40252

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Gomez, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 SE Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40253

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 SE Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41131

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Gomez, Felipe, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2401 SE Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41130

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39732

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40254

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40255

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40256

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41132

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Gomez, Juan Pablo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41133

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Gomez, Marco, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Biltmore

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39733

Amount of Each Receipt this Period
35.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	435.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gomez, Marco, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 Biltmore
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40257
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

B. Gomez, Marco, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 Biltmore
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40258
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

C. Gomez, Marco, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2705 Biltmore
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40259
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	105.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez, Marco, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Biltmore

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41134

Amount of Each Receipt this Period
35.00

Memo Item contribution

B. Gomez, Marco, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2705 Biltmore

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41135

Amount of Each Receipt this Period
35.00

Memo Item contribution

C. Gomez-Martinez, Marissa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 Esther

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41138

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gomez-Martinez, Marissa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1203 Esther

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41139

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Gonzales, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Valenca

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40267

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Gonzales, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Valenca

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40268

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gonzales, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Valenca

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41140

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Gonzales, Michael, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Valenca

City Weslaco	State TX	Zip Code 78596
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41141

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Gonzalez, Aida, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 E. Davis

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40273

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 173 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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, Aida, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017
Mailing Address 311 E. Davis		Transaction ID : SA11AI.40275
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonzalez, Aida, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2017
Mailing Address 311 E. Davis		Transaction ID : SA11AI.41144
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gonzalez, Aida, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017
Mailing Address 311 E. Davis		Transaction ID : SA11AI.41145
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 174 OF 562
(check only one)
 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, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39739

Amount of Each Receipt this Period
50.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40277

Amount of Each Receipt this Period
50.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40278

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40279

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41146

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gonzalez, Alfredo, , ,

Mailing Address 2305 Monaco Drive

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41147

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 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

B. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40280
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40281
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 177 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40282
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41148
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gonzalez, Jaime, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Plazas del Lago
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41149
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39741
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40283
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40284
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40285
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41150
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Gonzalez, Mark, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2405 Dorado Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41151
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39742
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40286
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40287
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40288
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41152
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Gordon, Verley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 E. Mile 3 Road
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41153
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39743
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40289
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40290
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 183 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40291
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41154
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Griego, Enrique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Inspiratin Drive
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41155
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39744
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40292
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40293
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40294
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41156
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Guajardo, Maria Ruby, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2603 Santa Laura
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41157
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Guerra, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41158
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Guerra, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 S. Broadway
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41159
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39746
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40298
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40299
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40300
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41163
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Guerra, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13337 Borolo Drive
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41164
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Gummadi, Sarada, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40302
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 189 OF 562
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gummadi, Sarada, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 Santa Fabiola

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40303

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Gummadi, Sarada, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 Santa Fabiola

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41165

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Gummadi, Sarada, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4404 Santa Fabiola

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41166

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 190 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2017

Transaction ID : SA11AI.39748

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2017

Transaction ID : SA11AI.40304

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gutierrez, Alberto, , ,

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2017

Transaction ID : SA11AI.40305

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 only)..... ▶

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

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

FOR LINE NUMBER: PAGE 191 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gutierrez, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 Wisconsin
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40306
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Gutierrez, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 Wisconsin
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41167
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Gutierrez, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6020 Wisconsin
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41168
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶
TOTAL This Period (last page this line number only).....▶

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39749
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40307
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40308
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40309
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41169
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Gutierrez, Marco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 N. Depot Road
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41170
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39750
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40310
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40311
 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 only).....	

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

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

FOR LINE NUMBER: PAGE 195 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40312
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41171
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Gutierrez, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Lindberg
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41172
 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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guzman, Anna, Lisa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 720235
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40314
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Guzman, Anna, Lisa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 720235
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40315
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Guzman, Anna, Lisa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 720235
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41173
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Guzman, Anna, Lisa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 720235
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41174
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Guzman, Eduardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39752
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Guzman, Eduardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40316
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Guzman, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40317
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Guzman, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40318
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Guzman, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41175
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Guzman, Edwardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Highway 83 suite f
 City Penitas State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41176
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39753
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40319
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40320
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40321
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41177
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Haddad, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4008 Burns Drive South
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41178
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39754
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40322
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2017
Transaction ID : SA11AI.40323
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

B. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40324
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41179
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Helbing, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Tamarack
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41180
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Hensler, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40326
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Hensler, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40327
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hensler, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41181
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Hensler, Blake, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Pricess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41182
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Hensler, Monica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Princess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40329
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hensler, Monica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Princess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40330
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Hensler, Monica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Princess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41183
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Hensler, Monica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 Princess Street
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41184
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39757
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40331
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40332
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40333
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41185
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Hernandez, Ambrosio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Dana
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41186
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Lisa Maria, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3823 Inez

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41187

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Hernandez, Lisa Maria, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3823 Inez

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41188

Amount of Each Receipt this Period
20.00

Memo Item contribution

C. Hernandez, Maximiliano, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39759

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Maximiliano, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40337
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Hernandez, Maximiliano, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40338
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Hernandez, Maximiliano, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Byron Nelson Drive
 #40 Villas Jardin
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40339
 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 only).....	

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

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

FOR LINE NUMBER: PAGE 210 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hernandez, Maximiliano, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin
City mcallen State TX Zip Code 78503
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2750.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41189
Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Hernandez, Maximiliano, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin
City mcallen State TX Zip Code 78503
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41190
Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Hoffman, Maria, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 802 Inspiration Road
City pharr State TX Zip Code 78577
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39760
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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40340
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40341
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40342
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41191
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Hoffman, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 Inspiration Road
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41192
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Honrubia, Dynio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39761
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 213 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Honrubia, Dynio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40343
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Honrubia, Dynio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40344
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Honrubia, Dynio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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 number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 214 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Honrubia, Dynio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5600 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41193

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Honrubia, Dynio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5600 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41194

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Honrubia, Vincent, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Rio Grande

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39762

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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Honrubia, Vincent, , ,		Date of Receipt MM / DD / YYYY 08 / 17 / 2017 Transaction ID : SA11AI.40346
Mailing Address 204 Rio Grande		Amount of Each Receipt this Period 400.00
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Honrubia, Vincent, , ,		Date of Receipt MM / DD / YYYY 09 / 15 / 2017 Transaction ID : SA11AI.40347
Mailing Address 204 Rio Grande		Amount of Each Receipt this Period 400.00
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Honrubia, Vincent, , ,		Date of Receipt MM / DD / YYYY 10 / 19 / 2017 Transaction ID : SA11AI.40348
Mailing Address 204 Rio Grande		Amount of Each Receipt this Period 400.00
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Honrubia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41195
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Honrubia, Vincent, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41196
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Husain, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N. 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39763
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Husain, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N. 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40349
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Husain, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N. 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40350
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Husain, Syed, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7020 N. 1st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40351
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Husain, Syed, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7020 N. 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41197

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Husain, Syed, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7020 N. 1st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41198

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Iglesias, Norma, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39764

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40352
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40353
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40354
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41199
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Iglesias, Norma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 712 S. Cage
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 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

C. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39765
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... 1200.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 221 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2017

Transaction ID : SA11AI.40355

Amount of Each Receipt this Period
 400.00

Memo Item contribution

B. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2017

Transaction ID : SA11AI.40356

Amount of Each Receipt this Period
 400.00

Memo Item contribution

C. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40357

Amount of Each Receipt this Period
 400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41201
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Igoa, Jose, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3716 S 'J' Street
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41202
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Irigoyen, Fructuoso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 S. 'G' Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39766
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Irigoyen, Fructuoso, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 S. 'G' Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40358

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Irigoyen, Fructuoso, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 S. 'G' Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40359

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Irigoyen, Fructuoso, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 S. 'G' Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40360

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Irigoyen, Fructuoso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 S. 'G' Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41203
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Irigoyen, Fructuoso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 S. 'G' Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41204
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Jacobson, Marina, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 Doherty
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40362
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jacobson, Marina, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Doherty

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40363

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Jacobson, Marina, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Doherty

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41205

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Jacobson, Marina, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1505 Doherty

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2017

Transaction ID : SA11AI.41206

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 226 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jain, Dinesk, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39768
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Jain, Dinesk, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40364
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Jain, Dinesk, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6208 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40365
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jain, Dinesk, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6208 N. Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40366

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Jain, Dinesk, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6208 N. Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41207

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Jain, Dinesk, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6208 N. Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41208

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39769
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40367
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

C. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40368
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40369
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41209
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

C. Jinez-Flores, Danielle, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4212 Lebanon
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41210
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jordan, Belinda, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39770

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Jordan, Belinda, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40370

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Jordan, Belinda, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40371

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40372

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41211

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jordan, Belinda, , Dr.,

Mailing Address 2621 Trenton

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41212

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Joule, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 S H Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40374
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Joule, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 S H Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40375
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Joule, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 S H Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41213
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Joule, Donna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 S H Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41214
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39772
 Amount of Each Receipt this Period 250.00
 Memo Item contributon

C. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40376
 Amount of Each Receipt this Period 250.00
 Memo Item contributon

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40377
 Amount of Each Receipt this Period 250.00
 Memo Item contributor

B. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40378
 Amount of Each Receipt this Period 250.00
 Memo Item contributor

C. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41215
 Amount of Each Receipt this Period 250.00
 Memo Item contributor

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 235 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kalaf, Nelson, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 N. 8th Street
 City mcAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41216
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39773
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40379
 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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 236 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40380
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40381
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41217
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kanhere, Gauri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41218
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39774
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

C. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40382
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40383
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40384
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

C. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41219
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kaplan, Adolfo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 N. 2th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41220
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39775
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

C. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40385
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	280.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 240 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40387
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

B. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40388
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

C. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41221
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Khademi, Kambiz, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3422
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41223
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

B. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39776
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40389
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 242 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40390
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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

C. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Khan, Salman Muhammad, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 MacQuarie Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41225
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39777
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40392
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40393
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40394
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41226
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kiani, Gholam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 e. Xenops
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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

B. Kiker, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 N. 17th Street
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39778
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Kiker, John, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 N. 17th Street
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40395
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kiker, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40396

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Kiker, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40397

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Kiker, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41228

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kiker, John, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41229

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Klenz, Mary Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5111 N. 10th Street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39779

Amount of Each Receipt this Period
150.00

Memo Item contribution

C. Klenz, Mary Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5111 N. 10th Street

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40398

Amount of Each Receipt this Period
150.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 248 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Klenz, Mary Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40399
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

B. Klenz, Mary Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40400
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

C. Klenz, Mary Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41230
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Klenz, Mary Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5111 N. 10th Street
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41231
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

B. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39780
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40401
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40402
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40403
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41232
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Kutugata, Jorge, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Rt 2 Box 522-K
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41233
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Leal, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39782
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Leal, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40407
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Leal, Ramiro, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2017 Transaction ID : SA11AI.40408
Mailing Address 601 Tulip		Amount of Each Receipt this Period 50.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Leal, Ramiro, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017 Transaction ID : SA11AI.40409
Mailing Address 601 Tulip		Amount of Each Receipt this Period 50.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Leal, Ramiro, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2017 Transaction ID : SA11AI.41236
Mailing Address 601 Tulip		Amount of Each Receipt this Period 50.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Leal, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41237
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39783
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40410
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

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

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

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

FOR LINE NUMBER: PAGE 254 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40411
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40412
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41238
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ledesma, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41239
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Lema, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39784
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Lema, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40413
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lema, Rodrigo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40414

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Lema, Rodrigo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40415

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Lema, Rodrigo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Canary

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41240

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 257 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lema, Rodrigo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 124 Canary
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41241
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Lin, Rick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5112 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40423
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Lin, Rick, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5112 N. 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lin, Rick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41246

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Lin, Rick, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5112 N. 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41247

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Linan, Enrique, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3003 Santo Olivia

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40426

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linan, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40427
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Linan, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41248
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Linan, Enrique, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 Santo Olivia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41249
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39789
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40428
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40429
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 261 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40430
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41250
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Linebarger, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 West 9th Street #405
 City austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41251
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39790
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40431
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40432
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40433
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41252
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Linsangan, Linette, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41253
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lizardo, Segundo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40435
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Lizardo, Segundo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40436
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Lizardo, Segundo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41254
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Lizardo, Segundo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41255
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39793
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

C. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40440
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40441
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

B. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40442
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

C. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41258
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Loggiodice, Nelson, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3098 N. Jackson Rd
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41259
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

B. Loja, Wilmer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39794
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Loja, Wilmer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 E. Yellowhammer
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40443
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 268 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Loja, Wilmer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105
E. Yellowhammer

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40444

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Loja, Wilmer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105
E. Yellowhammer

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40445

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Loja, Wilmer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105
E. Yellowhammer

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41260

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Loja, Wilmer, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105
E. Yellowhammer

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41261

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Lopez, Alfredo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39796

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Lopez, Alfredo, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40449

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lopez, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017

Transaction ID : SA11AI.40450

Amount of Each Receipt this Period
 100.00

Memo Item contribution

B. Lopez, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40451

Amount of Each Receipt this Period
 100.00

Memo Item contribution

C. Lopez, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : SA11AI.41264

Amount of Each Receipt this Period
 100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lopez, Alfredo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7609 N. 24th Circle

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41265

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Lopez, Julio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 6th E. Street

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40453

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Lopez, Julio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 6th E. Street

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40454

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Lopez, Pamela, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 N. Gay Drive
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40456
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Lopez, Pamela, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 N. Gay Drive
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40457
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Lopez, Pamela, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 N. Gay Drive
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41266
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lopez, Pamela, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 N. Gay Drive
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41267
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Lozano, Sergio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40459
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Lozano, Sergio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40460
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Lozano, Sergio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41268
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Lozano, Sergio, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Spicewood Drive
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41269
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Mangi, Salil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 Sundown Court East
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39801
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Mangi, Salil, , ,		Date of Receipt
Mailing Address 3801 Sundown Court East		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40464
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mangi, Salil, , ,		Date of Receipt
Mailing Address 3801 Sundown Court East		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40465
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Mangi, Salil, , ,		Date of Receipt
Mailing Address 3801 Sundown Court East		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40466
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mangi, Salil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 Sundown Court East
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41272
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Mangi, Salil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 Sundown Court East
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41273
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

c. Mangoo-Karim, Roberto, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Sundown Ct
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39802
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40467

Amount of Each Receipt this Period
125.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40468

Amount of Each Receipt this Period
125.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Mangoo-Karim, Roberto, M., Dr.,

Mailing Address 3817 Sundown Ct

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40469

Amount of Each Receipt this Period
125.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mangoo-Karim, Roberto, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Sundown Ct
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41274
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Mangoo-Karim, Roberto, M., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 Sundown Ct
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41275
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39803
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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

B. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40471
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41276
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Manrique, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 Cardinal
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41277
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 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
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40473
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40474
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40475
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41278
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Marquez, Guillermo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1702 Trinity Road
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41279
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39805
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40476
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40477
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40478
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41280
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Martinez, Agustin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7603 N. 2nd Lane
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41281
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39806
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40479
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40480
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40481
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41282
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Martinez, Ricardo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1903 W. Smith
 City edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41283
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39807
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40482
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40483
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40484
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41284
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Martinez, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2809 Santa Lydia
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41285
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Mata, Israel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39808
 Amount of Each Receipt this Period
 50.00
 Memo Item contributon

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

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

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

FOR LINE NUMBER: PAGE 289 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mata, Israel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40485
 Amount of Each Receipt this Period 50.00
 Memo Item contributor

B. Mata, Israel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40486
 Amount of Each Receipt this Period 50.00
 Memo Item contributor

C. Mata, Israel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40487
 Amount of Each Receipt this Period 50.00
 Memo Item contributor

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mata, Israel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41286

Amount of Each Receipt this Period
50.00

Memo Item contributor

B. Mata, Israel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2601 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41287

Amount of Each Receipt this Period
50.00

Memo Item contributor

C. Mata, Nelson, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1705 Palazzo

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39809

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40488
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40489
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40490
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41288
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mata, Nelson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Palazzo
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41289
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. McNutt, Kimberely, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7716 N. 27th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40495
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. McNutt, Kimberely, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40496

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. McNutt, Kimberely, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41292

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. McNutt, Kimberely, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41293

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Media, Javier, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Oakwood Lane
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39812
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

B. Media, Javier, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Oakwood Lane
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40497
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Media, Javier, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 Oakwood Lane
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40498
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 295 OF 562
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Media, Javier, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3601 Oakwood Lane

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40499

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Media, Javier, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3601 Oakwood Lane

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41294

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Media, Javier, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3601 Oakwood Lane

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41295

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Medina, Bertha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39813
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Medina, Bertha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40500
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Medina, Bertha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 1 1/2 Street
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40501
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Medina, Bertha, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017 Transaction ID : SA11AI.40502
Mailing Address 1300 1 1/2 Street		Amount of Each Receipt this Period 400.00
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medina, Bertha, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2017 Transaction ID : SA11AI.41296
Mailing Address 1300 1 1/2 Street		Amount of Each Receipt this Period 400.00
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Medina, Bertha, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017 Transaction ID : SA11AI.41297
Mailing Address 1300 1 1/2 Street		Amount of Each Receipt this Period 400.00
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 298 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39814
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40503
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40504
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40505
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41298
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Medina, Camen Martha, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 E. Yucca
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41299
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39815

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40506

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40507

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40508

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41300

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Mego, Carlos, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 602 McColl Circle

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41301

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39816
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

B. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40509
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

C. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40510
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40511
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

B. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41302
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

C. Mehkri, Imtiaz, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7120 Ware Road
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41303
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 304 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mendez, Salvador, , Mr., Jr.

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

Mailing Address 104 SE Greenbriar Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41306

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Mendez, Salvador, , Mr., Jr.

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

Mailing Address 104 SE Greenbriar Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41307

Amount of Each Receipt this Period
20.00

Memo Item contribution

C. Mercado, Manuel, , ,

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

Mailing Address 3002 Santa Susana

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39819

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mercado, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40517
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Mercado, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40518
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Mercado, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40519
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mercado, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41308
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Mercado, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3002 Santa Susana
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41309
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39820
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	535.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40521
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

B. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40522
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

C. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40523
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41310
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

B. Meyer, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 School Lane
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41311
 Amount of Each Receipt this Period 35.00
 Memo Item contribution

C. Milano, Emil, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 E. Cornell
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39821
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Milano, Emil, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2017 Transaction ID : SA11AI.40524
Mailing Address 225 E. Cornell		Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Milano, Emil, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2017 Transaction ID : SA11AI.40525
Mailing Address 225 E. Cornell		Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milano, Emil, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017 Transaction ID : SA11AI.40526
Mailing Address 225 E. Cornell		Amount of Each Receipt this Period 100.00
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Milano, Emil, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41312

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Milano, Emil, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41313

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Mohamed, Carlos, N, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Michael Angelo

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39823

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohamed, Carlos, N, , Jr.

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

Mailing Address 2821 Michael Angelo

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40530

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Mohamed, Carlos, N, , Jr.

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

Mailing Address 2821 Michael Angelo

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40531

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Mohamed, Carlos, N, , Jr.

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

Mailing Address 2821 Michael Angelo

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40532

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohamed, Carlos, N, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41317
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mohamed, Carlos, N, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 Michael Angelo
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41318
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Mohamed, Samira, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Heron
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39824
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohamed, Samira, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Heron

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40533

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Mohamed, Samira, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Heron

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40534

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Mohamed, Samira, T., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Heron

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40535

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Mohamed, Samira, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Heron
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41319
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Mohamed, Samira, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Heron
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41320
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39825
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 315 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40536
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40537
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40538
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41321
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Mohme, Ruben, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7309 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41322
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39826
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40539
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40540
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40541
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41323
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Moncada, Armando, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1421 North 2nd Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41324
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Montanez, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S. W. Augusta Square
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39827
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Montanez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 S. W. Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40542

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Montanez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 S. W. Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40543

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Montanez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 S. W. Augusta Square

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40544

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Montanez, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S. W. Augusta Square
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41325
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Montanez, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 S. W. Augusta Square
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41326
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39828
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40545
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40546
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40547
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41327
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Morales, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3325 Kent Lane
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41328
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39830
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40551
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40552
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40553
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41331
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Moreno, Leonel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41332
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Moreno, LeRoy, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6908 N. 31st
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 219.57

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40555
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 325 OF 562
(check only one)
 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. Moreno, LeRoy, , Mr.,

Mailing Address 6908 N. 31st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40556

Amount of Each Receipt this Period
25.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Moreno, LeRoy, , Mr.,

Mailing Address 6908 N. 31st

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41333

Amount of Each Receipt this Period
25.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Moreno, LeRoy, , Mr.,

Mailing Address 6908 N. 31st

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
294.57

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41334

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Najaraj, Namitha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 San Lucas
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40558
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Najaraj, Namitha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 San Lucas
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40559
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Najaraj, Namitha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 San Lucas
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41335
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Najaraj, Namitha, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2605 San Lucas
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41336
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39833
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40560
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40561
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40562
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41337
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Nandipaty, Sivakumari, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1509 N. Misty Lane
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41338
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. O'Callaghan, William, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39834
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. O'Callaghan, William, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40563
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40564

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40565

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Callaghan, William, , Dr.,

Mailing Address 111 NE Augusta Square

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41339

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 331 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. O'Callaghan, William, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 NE Augusta Square
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41340
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Ochoa, Alfonso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39835
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Ochoa, Alfonso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40566
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 332 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Alfonso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40567
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Ochoa, Alfonso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40568
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Ochoa, Alfonso, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 W. 18th Street
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41341
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 333 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Alfonso, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1901 W. 18th Street

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41342

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ochoa, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1920 Treasure Oak Drive

City Harlingen	State TX	Zip Code 78550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40570

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Ochoa, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1920 Treasure Oak Drive

City Harlingen	State TX	Zip Code 78550
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40571

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 334 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Jessica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Treasure Oak Drive
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41343
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Ochoa, Jessica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Treasure Oak Drive
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41344
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Ochoa, Ricardo, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2421 N. 'J' Street
 City McAllen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39837
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 335 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40572

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40573

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

City McAllen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40574

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 336 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41345

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ochoa, Ricardo, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

City McAllen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41346

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39838

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40575

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40576

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40577

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41347

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ogunlana, Victor, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41348

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39839

Amount of Each Receipt this Period
50.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40578

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40579

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40580

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 340 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41349

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Ohabor, Chioma, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6114
N. 3rd Lane

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41350

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Oliveira, Noel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39840

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 341 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Oliveira, Noel, , Dr.,		Date of Receipt
Mailing Address 9917 Bentsen Road		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40581
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Oliveira, Noel, , Dr.,		Date of Receipt
Mailing Address 9917 Bentsen Road		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40582
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Oliveira, Noel, , Dr.,		Date of Receipt
Mailing Address 9917 Bentsen Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40583
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Oliveira, Noel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41351

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Oliveira, Noel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9917 Bentsen Road

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41352

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Orfanos, Athanaji, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3013 Lakeshore Drive

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.40584

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 343 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40585
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40586
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40587
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41353
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Orfanos, Athanaji, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 Lakeshore Drive
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41354
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39841
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

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

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

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

FOR LINE NUMBER: PAGE 345 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40588
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40589
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40591
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 346 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41355
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Orfanos, John, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5416 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41356
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Ortega, Jose, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2504 Xanthisma
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41357
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 347 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ortega, Jose, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41358

Amount of Each Receipt this Period
20.00

Memo Item contribution

B. Ortiz, Juan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4501 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39843

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Ortiz, Juan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4501 N. Cynthia

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40595

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 348 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A. Ortiz, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40596
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Ortiz, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40597
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Ortiz, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41359
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 349 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ortiz, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41360
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39844
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40598
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 350 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40599
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40600
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Osorio-Castillo, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1601 Sebastian Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41361
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 351 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Osorio-Castillo, Carmen, , ,

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

Mailing Address 1601 Sebastian Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41362

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Otero, Fernando, , ,

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

Mailing Address 121 E. Quamasia #148

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39845

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Otero, Fernando, , ,

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

Mailing Address 121 E. Quamasia #148

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40601

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 352 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Otero, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40602
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Otero, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40603
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Otero, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41363
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Otero, Fernando, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 E. Quamasia #148
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41364
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39846
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40604
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40605
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40606
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41365
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 355 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Owen, Kip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2305 Red River
 City mcallen State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41366
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Padilla, Juan, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address p.o. box 3702
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40608
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

C. Padilla, Juan, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address p.o. box 3702
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40609
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Padilla, Juan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address p.o. box 3702

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41367

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Padilla, Juan, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address p.o. box 3702

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41368

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Palacios, Esteban, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39848

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 357 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Palacios, Esteban, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40610
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Palacios, Esteban, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40611
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Palacios, Esteban, , Mr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 3669
 City Edinburg State TX Zip Code 78540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40612
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 358 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Palacios, Esteban, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41369

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Palacios, Esteban, , Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 3669

City Edinburg	State TX	Zip Code 78540
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41370

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Palimar, Prakash, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 121 Canary

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39849

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 359 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Palimar, Prakash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40613
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Palimar, Prakash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40614
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Palimar, Prakash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40615
 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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 360 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Palimar, Prakash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41371
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Palimar, Prakash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 Canary
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41372
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39850
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 361 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40616
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40617
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40618
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41373
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Pathak, Umesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 Alexander Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41374
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Pean, Harold, J., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Brazos
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39851
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pean, Harold, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos
City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40619

Amount of Each Receipt this Period 100.00

Memo Item contribution

B. Pean, Harold, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos
City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40620

Amount of Each Receipt this Period 100.00

Memo Item contribution

C. Pean, Harold, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos
City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40621

Amount of Each Receipt this Period 100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pean, Harold, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos
City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 17 / 2017
Transaction ID : SA11AI.41375

Amount of Each Receipt this Period: 100.00

Memo Item contribution

B. Pean, Harold, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos
City Mission State TX Zip Code 78572

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 15 / 2017
Transaction ID : SA11AI.41376

Amount of Each Receipt this Period: 100.00

Memo Item contribution

C. Pechero, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2312 La Condesa
City Edinburg State TX Zip Code 78539

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2800.00

Date of Receipt: 07 / 20 / 2017
Transaction ID : SA11AI.39852

Amount of Each Receipt this Period: 400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 365 OF 562 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pechero, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40622

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Pechero, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40623

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Pechero, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40624

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 366 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Pechero, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41377

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Pechero, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41378

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39853

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40625

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40626

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40627

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 368 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41380

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Pena, Alberto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41381

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Pena, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Bluebird

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39854

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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 369 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40628
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Pena, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40629
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Pena, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40630
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 370 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41382
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Pena, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41383
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39855
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 371 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 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

B. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40632
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40633
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 372 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41384
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Pena, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 S. Huisache Court
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41385
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39856
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	925.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 373 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40634
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40635
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40636
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 374 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41386
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Pena, Raul, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 San Clemente
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41387
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Penalo, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S. Bridge
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39857
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 375 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Penalo, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S. Bridge
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40637
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Penalo, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S. Bridge
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40638
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

C. Penalo, Pedro, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 S. Bridge
 City Weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40639
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 376 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Penalo, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 S. Bridge

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41388

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Penalo, Pedro, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 906 S. Bridge

City Weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41389

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Pereira, Nicholas, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7005 North Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39858

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 377 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pereira, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40640
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Pereira, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40641
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Pereira, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40642
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 378 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pereira, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41390
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Pereira, Nicholas, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7005 North Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41391
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Perez, Florencia, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 Victoria
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39860
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 379 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Florencia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40646

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Perez, Florencia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40647

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Perez, Florencia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40648

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Florencia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41394

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Perez, Florencia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4600 Victoria

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41395

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Perez, Francisco, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4726 S. Jackson

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39861

Amount of Each Receipt this Period
50.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 381 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40649
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40650
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41396
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Perez, Francisco, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4726 S. Jackson
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41397
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Perez, Guillermo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7333 N. 4th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39862
 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 only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 383 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40652

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40653

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40654

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41398

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Perez, Guillermo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333
N. 4th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41399

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Perez-Young, Irene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N. Nueces Park Lane

City Harlingen	State TX	Zip Code 78552
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39863

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Perez-Young, Irene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N. Nueces Park Lane

City Harlingen	State TX	Zip Code 78552
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40655

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Perez-Young, Irene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N. Nueces Park Lane

City Harlingen	State TX	Zip Code 78552
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40656

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Perez-Young, Irene, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 N. Nueces Park Lane

City Harlingen	State TX	Zip Code 78552
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40657

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39864
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40658
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40659
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 387 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40660
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41400
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Pierson, Claudia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6912 N. Peking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41401
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 388 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39865

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40662

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40661

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 389 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40663

Amount of Each Receipt this Period
400.00

Memo Item contribution

B. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41402

Amount of Each Receipt this Period
400.00

Memo Item contribution

C. Pope, Bill, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5600 North 5th Street

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41403

Amount of Each Receipt this Period
400.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 390 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Porras, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 North 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40665

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Porras, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 North 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40666

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Porras, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5128 North 10th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41404

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Porras, Jessica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5128 North 10th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41405
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39867
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40667
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 392 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40668
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40669
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41406
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Preciado, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 521 E. Bluebird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41407
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Prieto-Harris, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7516 N. 3rd
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39868
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Prieto-Harris, Robert, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7516 N. 3rd
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40670
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Prieto-Harris, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7516 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40671

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Prieto-Harris, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7516 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40672

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Prieto-Harris, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7516 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41408

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 395 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Prieto-Harris, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7516 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41409

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Puenta, Rosalba, E., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N. Ebony

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40674

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Puenta, Rosalba, E., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N. Ebony

City Pharr	State TX	Zip Code 78577
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40675

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 396 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Puenta, Rosalba, E., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N. Ebony

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41410

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Puenta, Rosalba, E., Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 N. Ebony

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41411

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Quach, Tin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Zenaida

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40677

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 397 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Quach, Tin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Zenaida

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40678

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Quach, Tin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Zenaida

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41412

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Quach, Tin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Zenaida

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41413

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 398 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39871

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40679

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40680

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40681

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41414

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Quinteros, Maria, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 702 South 1st Lane

City McAllen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41415

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 400 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rafols, Rafael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113
Capri Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40683

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Rafols, Rafael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113
Capri Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40684

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Rafols, Rafael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113
Capri Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41416

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rafols, Rafael, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3113
Capri Court

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41417

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39873

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40685

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 402 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40686

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40687

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41418

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Ernesto, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P.O.Box 720298

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41419

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Ramirez, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5201 N. 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39874

Amount of Each Receipt this Period
40.00

Memo Item contribution

C. Ramirez, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 5201 N. 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40688

Amount of Each Receipt this Period
40.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 404 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 N. 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40689
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

B. Ramirez, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 N. 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40690
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

C. Ramirez, Samuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 N. 10th
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41420
 Amount of Each Receipt this Period 40.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5201 N. 10th

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41421

Amount of Each Receipt this Period
40.00

Memo Item contribution

B. Ramirez, Sergio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39875

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Ramirez, Sergio, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1608 Woods Drive

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40691

Amount of Each Receipt this Period
250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 406 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40692
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Ramirez, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40693
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Ramirez, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41422
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramirez, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1608 Woods Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41423
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physiciain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39876
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physiciain
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40694
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 408 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physiciain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40695
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physiciain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40696
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physiciain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41424
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 409 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramos, Gustavo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 S. Perking
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41425
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Ramos, Keith, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 4412
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39877
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Ramos, Keith, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 4412
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40697
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramos, Keith, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4412

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40698

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Ramos, Keith, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4412

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40699

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Ramos, Keith, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 4412

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41426

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 411 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ramos, Keith, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 4412
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41427
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Rangel, Mario, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40704
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Rangel, Mario, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3213 Lance Lot Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40705
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 412 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Rangel, Mario, , Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2017
Mailing Address 3213 Lance Lot Lane		Transaction ID : SA11AI.41430
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rangel, Mario, , Mr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017
Mailing Address 3213 Lance Lot Lane		Transaction ID : SA11AI.41431
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rangel, Soraya, , Ms,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2017
Mailing Address 2010 S. Cynthia Ste 110		Transaction ID : SA11AI.40707
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 413 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Rangel, Soraya, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 S. Cynthia Ste 110

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40708

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Rangel, Soraya, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 S. Cynthia Ste 110

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41432

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Rangel, Soraya, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 S. Cynthia Ste 110

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41433

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 414 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39881
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

B. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40709
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40710
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 415 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40711
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

B. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41434
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Reddy, R.V., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Southland Drive
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41435
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 416 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Reddy, Vangala, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39882
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

B. Reddy, Vangala, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40712
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

C. Reddy, Vangala, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 Tulip
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40713
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 417 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Reddy, Vangala, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Tulip

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40714

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Reddy, Vangala, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Tulip

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41436

Amount of Each Receipt this Period
200.00

Memo Item contribution

C. Reddy, Vangala, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 Tulip

City mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41437

Amount of Each Receipt this Period
200.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 418 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Reinoso, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 E Ridge suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40716

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Reinoso, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 E Ridge suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40717

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Reinoso, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 E Ridge suite 7

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41438

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 419 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Reinoso, Manuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 E Ridge suite 7
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41439
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39884
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40718
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	825.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 420 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40719
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40720
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41440
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 421 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Restrepo, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 S. Cynthia
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41441
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Ringheanu, Mihaela, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3214 Banyan Circle
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39885
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Ringheanu, Mihaela, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3214 Banyan Circle
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40721
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ringheanu, Mihaela, , Dr.,

Mailing Address 3214
Banyan Circle

City Harlingen State TX Zip Code 78550

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2017

Transaction ID : SA11AI.40722

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ringheanu, Mihaela, , Dr.,

Mailing Address 3214
Banyan Circle

City Harlingen State TX Zip Code 78550

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2017

Transaction ID : SA11AI.40723

Amount of Each Receipt this Period
125.00

Memo Item contribution

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ringheanu, Mihaela, , Dr.,

Mailing Address 3214
Banyan Circle

City Harlingen State TX Zip Code 78550

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed Occupation (for Individual) physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2017

Transaction ID : SA11AI.41442

Amount of Each Receipt this Period
125.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ringheanu, Mihaela, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3214
 Banyan Circle

City Harlingen	State TX	Zip Code 78550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.41443

Amount of Each Receipt this Period
 125.00

Memo Item contribution

B. Rivas, Homero, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.39886

Amount of Each Receipt this Period
 250.00

Memo Item contribution

C. Rivas, Homero, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017

Transaction ID : SA11AI.40724

Amount of Each Receipt this Period
 250.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 424 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rivas, Homero, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40725

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Rivas, Homero, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40726

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Rivas, Homero, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rivas, Homero, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Houston
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41445
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39887
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40727
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 426 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **09 / 22 / 2017**
Transaction ID : SA11AI.40728
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40729
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

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).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 427 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Robalino, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 S. Cynthia
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41447
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39888
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40730
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 428 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40731
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40732
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Rocha, Martin, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 662
 City Santa Rosa State TX Zip Code 78593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41448
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 429 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rocha, Martin, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. Box 662

City Santa Rosa	State TX	Zip Code 78593
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41449

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Rodriguez, Odiel, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1624 Wildwood Drive

City Weslaco	State TX	Zip Code 78596
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41452

Amount of Each Receipt this Period
20.00

Memo Item contribution

C. Rodriguez, Odiel, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1624 Wildwood Drive

City Weslaco	State TX	Zip Code 78596
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41453

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39891

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40739

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40740

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40741

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41454

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Rodriguez, Ofelia, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 E. Xenops

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41455

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 432 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Sergio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6105 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41456

Amount of Each Receipt this Period
18.75

Memo Item contribution

B. Rodriguez, Sergio, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6105 N. 3rd

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41457

Amount of Each Receipt this Period
18.75

Memo Item contribution

C. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39893

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	137.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 433 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40745

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40746

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40747

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41458

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Rodriguez, Edgar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 815 Crown Circle

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41459

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Romero, Emma rose, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1501 Mercado Street

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41460

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Romero, Emma rose, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 Mercado Street
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41461
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Ruiz, Henry, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 W. Pelician
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39895
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

C. Ruiz, Henry, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 W. Pelician
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40751
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 436 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Ruiz, Henry, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 W. Pelician

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40752

Amount of Each Receipt this Period
150.00

Memo Item contribution

B. Ruiz, Henry, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 W. Pelician

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40753

Amount of Each Receipt this Period
150.00

Memo Item contribution

C. Ruiz, Henry, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 W. Pelician

City Mcallen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41462

Amount of Each Receipt this Period
150.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Ruiz, Henry, E., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 W. Pelician
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41463
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

B. Saca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39897
 Amount of Each Receipt this Period
 75.00
 Memo Item contribution

C. Saca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40757
 Amount of Each Receipt this Period
 75.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 438 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sacca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40758
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

B. Sacca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40759
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

C. Sacca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41466
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 439 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sacca, Paulette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41467
 Amount of Each Receipt this Period 75.00
 Memo Item contribution

B. Saenz, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39898
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Saenz, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40760
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 440 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Saenz, Javier, , ,			Date of Receipt MM / DD / YYYY 09 / 15 / 2017 Transaction ID : SA11AI.40761		
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00		
City mission	State TX	Zip Code 78574	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Saenz, Javier, , ,			Date of Receipt MM / DD / YYYY 10 / 19 / 2017 Transaction ID : SA11AI.40762		
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00		
City mission	State TX	Zip Code 78574	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Saenz, Javier, , ,			Date of Receipt MM / DD / YYYY 11 / 17 / 2017 Transaction ID : SA11AI.41468		
Mailing Address 2308 Monaco Drive			Amount of Each Receipt this Period 400.00		
City mission	State TX	Zip Code 78574	<input type="checkbox"/> Memo Item contribution		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4400.00			

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Saenz, Javier, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Monaco Drive
 City mission State TX Zip Code 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41469
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Saenz, Jessica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Swallow Ave
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 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

C. Saenz, Jessica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 Swallow Ave
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 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).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 442 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Saenz, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2608 Swallow Ave

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017

Transaction ID : SA11AI.41470

Amount of Each Receipt this Period 25.00

Memo Item contribution

B. Saenz, Jessica, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2608 Swallow Ave

City McAllen State TX Zip Code 78504

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.41471

Amount of Each Receipt this Period 25.00

Memo Item contribution

C. Saenz, JJ, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 S.E. Augusta Square

City mcallen State TX Zip Code 78503

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed Occupation (for Individual) physician

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017

Transaction ID : SA11AI.39900

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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Saenz, JJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40766
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Saenz, JJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40767
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Saenz, JJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 444 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Saenz, JJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41472
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Saenz, JJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2400 S.E. Augusta Square
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 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

C. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39901
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 445 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40769
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40770
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40771
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 446 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41474
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Safir, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 S. 2nd suite 10
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41475
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39902
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 447 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

A. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 08 / 17 / 2017
Transaction ID : SA11AI.40772
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 09 / 15 / 2017
Transaction ID : SA11AI.40773
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 10 / 19 / 2017
Transaction ID : SA11AI.40774
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 448 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41476
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Salazar, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E Nolana Loop
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41477
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Salcedo, Leonardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5409 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39903
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 449 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salcedo, Leonardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5409 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40775
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Salcedo, Leonardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5409 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40776
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Salcedo, Leonardo, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5409 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40777
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 450 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salcedo, Leonardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5409 N. 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41478

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Salcedo, Leonardo, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5409 N. 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41479

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39904

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 451 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40778

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40779

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40780

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41480

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Salinas, Mariano, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2203 Red River

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41481

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Sanchez, Elisa, Garza, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509 N. Glasscock

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39905

Amount of Each Receipt this Period
125.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Sanchez, Elisa, Garza, ,		Date of Receipt
Mailing Address 3509 N. Glasscock		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40781
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="1000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sanchez, Elisa, Garza, ,		Date of Receipt
Mailing Address 3509 N. Glasscock		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40782
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="1125.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sanchez, Elisa, Garza, ,		Date of Receipt
Mailing Address 3509 N. Glasscock		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40783
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="text" value="1250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 454 OF 562
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Sanchez, Elisa, Garza, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509
N. Glasscock

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41482

Amount of Each Receipt this Period
125.00

Memo Item contribution

B. Sanchez, Elisa, Garza, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3509
N. Glasscock

City Mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41483

Amount of Each Receipt this Period
125.00

Memo Item contribution

C. Sanchez, Manuel, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2804 Santa Lydia

City mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39906

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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 A. Sanchez, Manuel, , ,		Date of Receipt
Mailing Address 2804 Santa Lydia		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40784
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="800.00"/>	<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sanchez, Manuel, , ,		Date of Receipt
Mailing Address 2804 Santa Lydia		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40785
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="900.00"/>	<input type="checkbox"/> Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sanchez, Manuel, , ,		Date of Receipt
Mailing Address 2804 Santa Lydia		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40786
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
	<input type="text" value="1000.00"/>	<input type="checkbox"/> Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sanchez, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Lydia
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41484
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Sanchez, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Santa Lydia
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41485
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Sandoval, Oscar, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8727 N. Campana Lane
 City Edcouch State TX Zip Code 78538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40788
 Amount of Each Receipt this Period
 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 457 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Sandoval, Oscar, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8727 N. Campana Lane

City Edcouch	State TX	Zip Code 78538
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40789

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Sandoval, Oscar, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8727 N. Campana Lane

City Edcouch	State TX	Zip Code 78538
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41486

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Sandoval, Oscar, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8727 N. Campana Lane

City Edcouch	State TX	Zip Code 78538
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41487

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 458 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Santoy, Elena, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39908

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Santoy, Elena, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40790

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Santoy, Elena, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40791

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 459 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Santoy, Elena, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 N. 17th Street
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2017
Transaction ID : SA11AI.40792
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Santoy, Elena, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 N. 17th Street
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41488
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Santoy, Elena, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 N. 17th Street
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41489
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Seas, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39909

Amount of Each Receipt this Period
30.00

Memo Item contribution

B. Seas, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40793

Amount of Each Receipt this Period
30.00

Memo Item contribution

C. Seas, Manuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5714 N. 6th Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40794

Amount of Each Receipt this Period
30.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 461 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Seas, Manuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5714 N. 6th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40795
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

B. Seas, Manuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5714 N. 6th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41490
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

C. Seas, Manuel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5714 N. 6th Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41491
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

90.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 462 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39910

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40796

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40797

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 463 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40798

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41492

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Serna, Samuel, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 E. Cornell

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41493

Amount of Each Receipt this Period
100.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 464 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39911

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40799

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40800

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 465 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

Transaction ID : SA11AI.40801

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2017

Transaction ID : SA11AI.41494

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Shan, Pankajkumar, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Solera Drive

City Mission	State TX	Zip Code 78572
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2017

Transaction ID : SA11AI.41496

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 466 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39912
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

B. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40802
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

C. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40803
 Amount of Each Receipt this Period
 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 467 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40804
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41497
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Shuaib, Tawhid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4000 Burns Drive
 City mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41498
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 468 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39913
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40805
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40806
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 469 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40807
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41499
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Siberman, Herschel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 609 Tulip
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41500
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Singh, Marish, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3521 South M Street
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39915
 Amount of Each Receipt this Period 30.00
 Memo Item contribution

B. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39916
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40811
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 471 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40812
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40813
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41503
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 472 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Slavin, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 S. Oklahoma
 City weslaco State TX Zip Code 78596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41504
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Solis, Hilda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3302
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40815
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Solis, Hilda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3302
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40816
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 473 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Solis, Hilda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3302
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 11 / 17 / 2017
Transaction ID : SA11AI.41505
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Solis, Hilda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.Box 3302
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 15 / 2017
Transaction ID : SA11AI.41506
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 07 / 20 / 2017
Transaction ID : SA11AI.39918
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 474 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40817
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

B. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40818
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

C. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40819
 Amount of Each Receipt this Period 150.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 475 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41507
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

B. Solis, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 E. Avocet
 City Mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41508
 Amount of Each Receipt this Period
 150.00
 Memo Item contribution

C. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39919
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40820
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40821
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40822
 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 only).....▶	

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

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

FOR LINE NUMBER: PAGE 477 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41509
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Soto, Hector, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 South Greenbriar
 City McAllen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41510
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Sreenivas, Nanjappa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2610 Emerald Lake Drive
 City Harlingen State TX Zip Code 78550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40824
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 478 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sreenivas, Nanjappa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2610 Emerald Lake Drive

City Harlingen	State TX	Zip Code 78550
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40825

Amount of Each Receipt this Period
25.00

Memo Item contribution

B. Sreenivas, Nanjappa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2610 Emerald Lake Drive

City Harlingen	State TX	Zip Code 78550
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41511

Amount of Each Receipt this Period
25.00

Memo Item contribution

C. Sreenivas, Nanjappa, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2610 Emerald Lake Drive

City Harlingen	State TX	Zip Code 78550
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41512

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sustaita, Raul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40827
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Sustaita, Raul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 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

C. Sustaita, Raul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

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)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 480 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sustaita, Raul, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1602 Scobey
 City Donna State TX Zip Code 78537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41514
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Swarup, Jyothi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8109 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39922
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Swarup, Jyothi, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8109 N. 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40829
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 481 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Swarup, Jyothi, , Dr.,		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40830
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Swarup, Jyothi, , Dr.,		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40831
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Swarup, Jyothi, , Dr.,		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.41515
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 482 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Swarup, Jyothi, , Dr.,

Mailing Address 8109 N. 1st Street

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017

Transaction ID : SA11AI.41516

Amount of Each Receipt this Period
100.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Sy, Wilson, , Dr.,

Mailing Address 6724 N.Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017

Transaction ID : SA11AI.40833

Amount of Each Receipt this Period
25.00

Memo Item contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Sy, Wilson, , Dr.,

Mailing Address 6724 N.Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017

Transaction ID : SA11AI.40834

Amount of Each Receipt this Period
25.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 483 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Sy, Wilson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6724 N.Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41517
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Sy, Wilson, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6724 N.Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41518
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Tehran, Norma, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Oaks Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40836
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 484 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tehran, Norma, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Oaks Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40837
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Tehran, Norma, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Oaks Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41519
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Tehran, Norma, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1616 Oaks Road
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41520
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 485 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39925
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40838
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40839
 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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 486 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40840
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41521
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Tey, Alejandro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 Laurie Lane
 City Edinburg State TX Zip Code 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41522
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 487 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tijerina, Erica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 South Gumwood
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41523
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Tijerina, Erica, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 South Gumwood
 City Pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41524
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

C. Tiu, Jimmy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40845
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 488 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Tiu, Jimmy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40846
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Tiu, Jimmy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41525
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Tiu, Jimmy, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7700 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41526
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 489 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Trejo, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2017

Transaction ID : SA11AI.39928

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Trejo, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2017

Transaction ID : SA11AI.40847

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Trejo, Jose, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2017

Transaction ID : SA11AI.40848

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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 490 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Trejo, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40849

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Trejo, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41527

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Trejo, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 S. Broadway

City mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41528

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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 491 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39929
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40850
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40851
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 492 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40852
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41529
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Turlapati, Krishna, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9123 1st Street
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41530
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 493 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39930
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40853
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40854
 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 only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 494 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40855
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41531
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Turley, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Thunderbird
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41532
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 495 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Twahirwa, Marcel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 El Encino Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39931
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Twahirwa, Marcel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 El Encino Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40856
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Twahirwa, Marcel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2403 El Encino Drive
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40857
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Twahirwa, Marcel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2017 Transaction ID : SA11AI.40858
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00
City mission	State TX	<input type="checkbox"/> Memo Item contribution
Zip Code 78572		
FEC ID number of contributing federal political committee. C	Occupation (for Individual) physician	
Name of Employer (for Individual) selfemployed	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Twahirwa, Marcel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2017 Transaction ID : SA11AI.41533
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00
City mission	State TX	<input type="checkbox"/> Memo Item contribution
Zip Code 78572		
FEC ID number of contributing federal political committee. C	Occupation (for Individual) physician	
Name of Employer (for Individual) selfemployed	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2750.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Twahirwa, Marcel, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2017 Transaction ID : SA11AI.41534
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00
City mission	State TX	<input type="checkbox"/> Memo Item contribution
Zip Code 78572		
FEC ID number of contributing federal political committee. C	Occupation (for Individual) physician	
Name of Employer (for Individual) selfemployed	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3000.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 497 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39932
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40859
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40860
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 498 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40861
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41535
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Uribe, Lourdes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41536
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶
TOTAL This Period (last page this line number only)..... ▶

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 499 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39933
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40862
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40863
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 500 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40864
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

B. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41537
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

C. Valladares, Theresa, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2302 Red River Drive
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41538
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 501 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39934
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40865
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

C. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle
 City rio grande city State TX Zip Code 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40866
 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 only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 502 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle

City rio grande city	State TX	Zip Code 78582
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40867

Amount of Each Receipt this Period
250.00

Memo Item contribution

B. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle

City rio grande city	State TX	Zip Code 78582
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41539

Amount of Each Receipt this Period
250.00

Memo Item contribution

C. Vasquez, Jose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2548 Palm Circle

City rio grande city	State TX	Zip Code 78582
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41540

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 only).....	

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

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

FOR LINE NUMBER: PAGE 503 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Veeramachaneni, Ravindra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40869
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Veeramachaneni, Ravindra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40870
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Veeramachaneni, Ravindra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41541
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 504 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Veeramachaneni, Ravindra, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4404 Santa Fabiola
 City Mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41542
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Vela, Efraim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Ridge Road #B
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39937
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Vela, Efraim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Ridge Road #B
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40874
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 505 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Vela, Efraim, , Dr.,		Date of Receipt MM / DD / YYYY 09 / 15 / 2017 Transaction ID : SA11AI.40875
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vela, Efraim, , Dr.,		Date of Receipt MM / DD / YYYY 10 / 19 / 2017 Transaction ID : SA11AI.40876
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vela, Efraim, , Dr.,		Date of Receipt MM / DD / YYYY 11 / 17 / 2017 Transaction ID : SA11AI.41545
Mailing Address 100 E. Ridge Road #B		Amount of Each Receipt this Period 250.00
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 506 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vela, Efraim, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E. Ridge Road #B
 City McAllen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41546
 Amount of Each Receipt this Period
 250.00
 Memo Item contribution

B. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39940
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

C. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40883
 Amount of Each Receipt this Period
 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 507 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40884
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40885
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

C. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41551
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 508 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Verdoreen, Ramiro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 E. Newport
 City mcallen State TX Zip Code 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41552
 Amount of Each Receipt this Period 200.00
 Memo Item contribution

B. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39942
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

C. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40889
 Amount of Each Receipt this Period 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 509 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40890
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40891
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

C. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41555
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 510 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villalta, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P. O. Box 1632
 City mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41556
 Amount of Each Receipt this Period
 125.00
 Memo Item contribution

B. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39943
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

C. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40892
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 511 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40893
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40894
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

C. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41557
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villanueva, Rita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 E. Nolana Suite 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41558
 Amount of Each Receipt this Period 50.00
 Memo Item contribution

B. Villarreal, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24275 FM 490
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40896
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Villarreal, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24275 FM 490
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40897
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 513 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villarreal, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24275 FM 490
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41559
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Villarreal, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24275 FM 490
 City edinburg State TX Zip Code 78541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41560
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39945
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 514 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40898
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

B. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40899
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

C. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40900
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 515 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41561
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

B. Villarreal, Victor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W. Moore
 City pharr State TX Zip Code 78577
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41562
 Amount of Each Receipt this Period 90.00
 Memo Item contribution

C. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39946
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 516 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40901
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40902
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40903
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 517 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt **11 / 17 / 2017**
Transaction ID : SA11AI.41563
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Viswamitra, Saroja, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Condor
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : SA11AI.41564
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt **07 / 20 / 2017**
Transaction ID : SA11AI.39947
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 518 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 08 / 17 / 2017
Transaction ID : SA11AI.40904
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 15 / 2017
Transaction ID : SA11AI.40905
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 10 / 19 / 2017
Transaction ID : SA11AI.40906
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 519 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41565
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

B. Vitko, Roger, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 south 1st
 City mcallen State TX Zip Code 78502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41566
 Amount of Each Receipt this Period 400.00
 Memo Item contribution

C. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39948
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **08 / 17 / 2017**
Transaction ID : SA11AI.40907
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt **09 / 15 / 2017**
Transaction ID : SA11AI.40908
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **10 / 19 / 2017**
Transaction ID : SA11AI.40909
 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 only).....	

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

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

FOR LINE NUMBER: PAGE 521 OF 562
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 17 / 2017
Transaction ID : SA11AI.41567
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

B. Walker, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 Shallow apt 4
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 15 / 2017
Transaction ID : SA11AI.41568
 Amount of Each Receipt this Period 250.00
 Memo Item contribution

C. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt 07 / 20 / 2017
Transaction ID : SA11AI.39949
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	562.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 522 OF 562
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40910
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

B. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 562.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40911
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

C. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40912
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	187.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 523 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 687.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41569
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

B. Webb, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Redbud
 City mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41570
 Amount of Each Receipt this Period 62.50
 Memo Item contribution

C. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39950
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 524 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2017
Transaction ID : SA11AI.40913
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40914
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40915
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 525 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41571
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

B. Wilcox, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Rio Grande
 City mission State TX Zip Code 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41572
 Amount of Each Receipt this Period
 100.00
 Memo Item contribution

C. Wilson, Teresa, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1520 Xanthisma
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self-employee Occupation (for Individual) investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39952
 Amount of Each Receipt this Period
 50.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40919

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40920

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : SA11AI.40921

Amount of Each Receipt this Period
50.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 527 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41575

Amount of Each Receipt this Period
50.00

Memo Item contribution

B. Wilson, Teresa, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1520 Xanthisma

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) self-employee	Occupation (for Individual) investor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41576

Amount of Each Receipt this Period
50.00

Memo Item contribution

C. Woloski, Deborah, , Ms,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 404 Frio

City Mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) private investor
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41577

Amount of Each Receipt this Period
20.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 528 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Woloski, Deborah, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 Frio
 City Mission State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41578
 Amount of Each Receipt this Period 20.00
 Memo Item contribution

B. Yanez, Sandra, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 S. Alton Blvd
 City Alton State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2017
Transaction ID : SA11AI.40929
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Yanez, Sandra, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 S. Alton Blvd
 City Alton State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2017
Transaction ID : SA11AI.40930
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 529 OF 562
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Yanez, Sandra, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 S. Alton Blvd
 City Alton State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2017
Transaction ID : SA11AI.41581
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

B. Yanez, Sandra, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 S. Alton Blvd
 City Alton State TX Zip Code 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2017
Transaction ID : SA11AI.41582
 Amount of Each Receipt this Period 25.00
 Memo Item contribution

C. Yarra, Subbarao, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6905 N. Cynthia
 City McAllen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2017
Transaction ID : SA11AI.39956
 Amount of Each Receipt this Period 100.00
 Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 530 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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. Yarra, Subbarao, , ,		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40931
Name of Employer (for Individual) Self-employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Yarra, Subbarao, , ,		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40932
Name of Employer (for Individual) Self-employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Yarra, Subbarao, , ,		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.40933
Name of Employer (for Individual) Self-employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 531 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Yarra, Subbarao, , ,

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

Mailing Address 6905
N. Cynthia

City McAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41583

Amount of Each Receipt this Period
100.00

Memo Item contribution

B. Yarra, Subbarao, , ,

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

Mailing Address 6905
N. Cynthia

City McAllen	State TX	Zip Code 78504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41584

Amount of Each Receipt this Period
100.00

Memo Item contribution

C. Zayed, Fuad, , Dr.,

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

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2017

Transaction ID : SA11AI.39957

Amount of Each Receipt this Period
75.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 532 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Zayed, Fuad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2017

Transaction ID : SA11AI.40934

Amount of Each Receipt this Period
75.00

Memo Item contribution

B. Zayed, Fuad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2017

Transaction ID : SA11AI.40935

Amount of Each Receipt this Period
75.00

Memo Item contribution

C. Zayed, Fuad, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 562
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2017

Transaction ID : SA11AI.41585

Amount of Each Receipt this Period
75.00

Memo Item contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayed, Fuad, , Dr.,

Mailing Address 1425 Sweet Lane

City Edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2017

Transaction ID : SA11AI.41586

Amount of Each Receipt this Period
75.00

Memo Item contribution

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	260312.50

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.41587 Amount of Each Disbursement this Period [REDACTED] 713.66
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.41588 Amount of Each Disbursement this Period [REDACTED] 713.66
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 08 / 07 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.4159c Amount of Each Disbursement this Period [REDACTED] 713.65
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] 2140.97
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.41589 Amount of Each Disbursement this Period [REDACTED] 713.66
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.41591 Amount of Each Disbursement this Period [REDACTED] 713.66
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C [REDACTED] Transaction ID : SB21B.41592 Amount of Each Disbursement this Period [REDACTED] 713.65
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	[REDACTED] 2140.97
TOTAL This Period (last page this line number only)..... ▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C Transaction ID : SB21B.41593 Amount of Each Disbursement this Period 713.66
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C Transaction ID : SB21B.41594 Amount of Each Disbursement this Period 721.39
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		Category/ Type 001	FEC Identification Number C Transaction ID : SB21B.41595 Amount of Each Disbursement this Period 713.65
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional)..... ▶	2148.70
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 10 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.41596 Amount of Each Disbursement this Period 713.67
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) B. Escamilla, Sandra, , Ms,		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 27 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.41597 Amount of Each Disbursement this Period 713.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) C. Escamilla, Sandra, , Ms,		Date of Disbursement M M / D D / Y Y Y Y Y 12 / 08 / 2017	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : SB21B.41598 Amount of Each Disbursement this Period 713.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	2140.97
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Escamilla, Sandra, , Ms,		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address 1418 Quince		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41599 Amount of Each Disbursement this Period [REDACTED] 713.66	
City McAllen	State TX	Zip Code 78504	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 07 / 07 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41600 Amount of Each Disbursement this Period [REDACTED] 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41601 Amount of Each Disbursement this Period [REDACTED] 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

2597.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 08 / 04 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41602 Amount of Each Disbursement this Period [REDACTED] 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 08 / 18 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41603 Amount of Each Disbursement this Period [REDACTED] 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41604 Amount of Each Disbursement this Period [REDACTED] 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2826.46
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41605 Amount of Each Disbursement this Period [REDACTED] 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41606 Amount of Each Disbursement this Period [REDACTED] 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41607 Amount of Each Disbursement this Period [REDACTED] 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2826.47
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41608 Amount of Each Disbursement this Period 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41609 Amount of Each Disbursement this Period 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41611 Amount of Each Disbursement this Period 942.15	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	2826.46
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41611 Amount of Each Disbursement this Period 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gonzales-Leal, Nicole, , ,		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41612 Amount of Each Disbursement this Period 942.16	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jasso, Prisylla, , Ms,		Date of Disbursement MM / DD / YYYY 07 / 11 / 2017	
Mailing Address 213 Quail Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4162t Amount of Each Disbursement this Period 1407.96	
City McAllen	State TX	Zip Code 78502	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3292.28
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 07 / 26 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41627 Amount of Each Disbursement this Period [REDACTED] 1407.94		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 08 / 04 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41628 Amount of Each Disbursement this Period [REDACTED] 1407.96		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 08 / 18 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41625 Amount of Each Disbursement this Period [REDACTED] 1407.94		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4223.84
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jasso, Prisylla, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 01 / 2017	
Mailing Address 213 Quail Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41630 Amount of Each Disbursement this Period [REDACTED] 1407.96	
City McAllen	State TX	Zip Code 78502	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jasso, Prisylla, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017	
Mailing Address 213 Quail Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41631 Amount of Each Disbursement this Period [REDACTED] 1407.94	
City McAllen	State TX	Zip Code 78502	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jasso, Prisylla, , Ms,		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017	
Mailing Address 213 Quail Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41632 Amount of Each Disbursement this Period [REDACTED] 1407.96	
City McAllen	State TX	Zip Code 78502	Category/ Type 001
Purpose of Disbursement contract services - salary expenditure			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

4223.86

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 10 / 13 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41633 Amount of Each Disbursement this Period 1407.94		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 10 / 27 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41634 Amount of Each Disbursement this Period 1407.96		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. Jasso, Prisylla, , Ms,			Date of Disbursement MM / DD / YYYY 11 / 10 / 2017		
Mailing Address 213 Quail Court			FEC Identification Number C [REDACTED] Transaction ID : SB21B.41635 Amount of Each Disbursement this Period 1407.95		
City McAllen	State TX	Zip Code 78502	Category/Type 001		
Purpose of Disbursement contract services - salary expenditure		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:	<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional).....▶	4223.85
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Jasso, Prisylla, , Ms,

Full Name (Last, First, Middle Initial)

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement contract services - salary expenditure

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.41636

Amount of Each Disbursement this Period: 1407.95

Memo Item

B. Jasso, Prisylla, , Ms,

Full Name (Last, First, Middle Initial)

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement contract services - salary expenditure

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.41637

Amount of Each Disbursement this Period: 1407.95

Memo Item

C. Jasso, Prisylla, , Ms,

Full Name (Last, First, Middle Initial)

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement contract services - salary expenditure

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.41638

Amount of Each Disbursement this Period: 1407.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4223.85

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Just Energy

Mailing Address P.O. Box 650518

City Dallas State TX Zip Code 78265

Purpose of Disbursement office electricity expenditure

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 11 / 2017

FEC Identification Number

Transaction ID : SB21B.41676
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement paysmart payroll services

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 10 / 2017

FEC Identification Number

Transaction ID : SB21B.41613
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement paysmart payroll services

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
07 / 24 / 2017

FEC Identification Number

Transaction ID : SB21B.41614
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllen

State
TX

Zip Code
78504

Purpose of Disbursement
paySMART payroll services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41615

Amount of Each Disbursement this Period

[REDACTED] 16.24

Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllen

State
TX

Zip Code
78504

Purpose of Disbursement
paySMART payroll services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41616

Amount of Each Disbursement this Period

[REDACTED] 16.24

Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllen

State
TX

Zip Code
78504

Purpose of Disbursement
paySMART payroll services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.41617

Amount of Each Disbursement this Period

[REDACTED] 29.23

Memo Item

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

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

[REDACTED] 61.71

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2017

FEC Identification Number

C

Transaction ID : SB21B.41618

Amount of Each Disbursement this Period

16.24

Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2017

FEC Identification Number

C

Transaction ID : SB21B.41619

Amount of Each Disbursement this Period

16.24

Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 13 / 2017

FEC Identification Number

C

Transaction ID : SB21B.4162t

Amount of Each Disbursement this Period

16.24

Memo Item

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

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

48.72

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41621
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41622
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Long Chilton LLP

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement
paysmart payroll services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41623
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. Long Chilton LLP		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017	
Mailing Address 4100 N. 23rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41624 Amount of Each Disbursement this Period [REDACTED] 29.23	
City McAllen	State TX	Zip Code 78504	Category/ Type 001
Purpose of Disbursement paySMART payroll services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Long Chilton LLP		Date of Disbursement MM / DD / YYYY 12 / 22 / 2017	
Mailing Address 4100 N. 23rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41625 Amount of Each Disbursement this Period [REDACTED] 16.24	
City McAllen	State TX	Zip Code 78504	Category/ Type 001
Purpose of Disbursement paySMART payroll services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. TBK		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 2603 Augusta Drive Suite 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.41671 Amount of Each Disbursement this Period [REDACTED] 595.00	
City Houston	State TX	Zip Code 77057	Category/ Type 001
Purpose of Disbursement contract services - tax returns		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 640.47
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Water Tower Village

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement
office lease expenditure

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.41664
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. CONGRESSIONAL LEADERSHIP FUND

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2017

Mailing Address 1747 PENNSYLVANIA AVENUE, NW
5TH FLOOR

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement contribution

Category/Type

FEC Identification Number

Transaction ID : SB23.41665
Amount of Each Disbursement this Period

Candidate Name

CONGRESSIONAL LEADERSHIP FUND

Office Sought: House Senate President
Disbursement For: 2017
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

B. CORREA, JOSE LUIS (LOU) MR., , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2017

Mailing Address 2335 N. PARK BLVD

City SANTA ANA State CA Zip Code 92765

Purpose of Disbursement contribution

Category/Type

FEC Identification Number

Transaction ID : SB23.41673
Amount of Each Disbursement this Period

Candidate Name

CORREA, JOSE LUIS (LOU) MR., , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C. CORREA, JOSE LUIS (LOU) MR., , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2017

Mailing Address 2335 N. PARK BLVD

City SANTA ANA State CA Zip Code 92765

Purpose of Disbursement contribution

Category/Type

FEC Identification Number

Transaction ID : SB23.41674
Amount of Each Disbursement this Period

Candidate Name

CORREA, JOSE LUIS (LOU) MR., , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC DR RAUL PAC		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address PO BOX 3433		FEC Identification Number C 000569871 Transaction ID : SB23.41659 Amount of Each Disbursement this Period 5000.00
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement contribution		011 Category/ Type
Candidate Name DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC DR RAUL PAC		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ESCOBAR, VERONICA, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address PO BOX 3961		FEC Identification Number C H8TX16109 Transaction ID : SB23.41662 Amount of Each Disbursement this Period 5000.00
City EL PASO	State TX	Zip Code 79923
Purpose of Disbursement contribution		011 Category/ Type
Candidate Name ESCOBAR, VERONICA, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 16		

Full Name (Last, First, Middle Initial) C. ESCOBAR, VERONICA, , ,		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address PO BOX 3961		FEC Identification Number C H8TX16109 Transaction ID : SB23.41663 Amount of Each Disbursement this Period 5000.00
City EL PASO	State TX	Zip Code 79923
Purpose of Disbursement contribution		011 Category/ Type
Candidate Name ESCOBAR, VERONICA, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 16		

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. GOODEN, LANCE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 215 ELM DR

City TERRELL State TX Zip Code 75160

Purpose of Disbursement contribution

Candidate Name **GOODEN, LANCE, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 05

Date of Disbursement: 12 / 26 / 2017

FEC Identification Number: **C H8TX05144**
Transaction ID : **SB23.41654**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. KEY WINS PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 458

City LAS VEGAS State NV Zip Code 89125

Purpose of Disbursement contribution

Candidate Name **KEY WINS PAC**

Office Sought: House Senate President

Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2017

FEC Identification Number: **C C00651638**
Transaction ID : **SB23.41669**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. KIHUEN, RUBEN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 200 W SAHARA AVE #3802

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement contribution

Candidate Name **KIHUEN, RUBEN, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NV District: 04

Date of Disbursement: 10 / 11 / 2017

FEC Identification Number: **C H2NV00050**
Transaction ID : **SB23.41671**
Amount of Each Disbursement this Period: 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)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. KIHUEN, RUBEN, , ,		Date of Disbursement MM / DD / YYYY 10 / 11 / 2017
Mailing Address 200 W SAHARA AVE #3802		FEC Identification Number C H2NV00050 Transaction ID : SB23.41672
City LAS VEGAS	State NV	Zip Code 89102
Purpose of Disbursement contribution		011 Category/Type
Candidate Name KIHUEN, RUBEN, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NV	District: 04	

Full Name (Last, First, Middle Initial) B. OC JOBS & EDUCATION		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address 420 TWIN OAKS VALLEY ROAD #2229		FEC Identification Number C C00630285 Transaction ID : SB23.41675
City SAN MARCOS	State CA	Zip Code 92079
Purpose of Disbursement contribution		011 Category/Type
Candidate Name OC JOBS & EDUCATION		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. PROSPERITY ACTION INC.		Date of Disbursement MM / DD / YYYY 10 / 24 / 2017
Mailing Address 320 1ST STREET SE		FEC Identification Number C C00377689 Transaction ID : SB23.41668
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement contribution		011 Category/Type
Candidate Name PROSPERITY ACTION INC.		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

15000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. RUIZ, RAUL DR, , ,		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 73373 COUNTRY CLUB DRIVE #1904		FEC Identification Number C H2CA36439 Transaction ID : SB23.41660
City PALM DESERT	State CA	Zip Code 92260
Purpose of Disbursement contribution		011 Category/Type
Candidate Name RUIZ, RAUL DR, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 36	

Full Name (Last, First, Middle Initial) B. RUIZ, RAUL DR, , ,		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 73373 COUNTRY CLUB DRIVE #1904		FEC Identification Number C H2CA36439 Transaction ID : SB23.41661
City PALM DESERT	State CA	Zip Code 92260
Purpose of Disbursement contribution		011 Category/Type
Candidate Name RUIZ, RAUL DR, , ,		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 36	

Full Name (Last, First, Middle Initial) C. RUIZ VICTORY FUND		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address PO BOX 6116		FEC Identification Number C C00525402 Transaction ID : SB23.41658
City LA QUINTA	State CA	Zip Code 92248
Purpose of Disbursement contribution		011 Category/Type
Candidate Name RUIZ VICTORY FUND		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 36	

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

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

15000.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial) A. RYAN, PAUL D., , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2017
Mailing Address PO BOX 1488		FEC Identification Number C H8WI01024 Transaction ID : SB23.41666 Amount of Each Disbursement this Period 5000.00
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name RYAN, PAUL D., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WI	District: 01	

Full Name (Last, First, Middle Initial) B. RYAN, PAUL D., , ,		Date of Disbursement MM / DD / YYYY 10 / 24 / 2017
Mailing Address PO BOX 1488		FEC Identification Number C H8WI01024 Transaction ID : SB23.41667 Amount of Each Disbursement this Period 5000.00
City JANESVILLE	State WI	Zip Code 53547
Purpose of Disbursement contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name RYAN, PAUL D., , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: WI	District: 01	

Full Name (Last, First, Middle Initial) C. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN		Date of Disbursement MM / DD / YYYY 12 / 20 / 2017
Mailing Address 1519 WASHINGTON STREET SUITE 200		FEC Identification Number C C00371302 Transaction ID : SB23.41656 Amount of Each Disbursement this Period 5000.00
City LAREDO	State TX	Zip Code 78040
Purpose of Disbursement contribution	Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: TX	District: 28	

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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.

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name
TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 28

Date of Disbursement

MM / DD / YYYY
12 / 20 / 2017

FEC Identification Number

C C00371302

Transaction ID : SB23.41657

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TEXAS FIRST PAC

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City LAREDO State TX Zip Code 78040

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2017

FEC Identification Number

C C00439398

Transaction ID : SB23.41655

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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 562
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

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

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

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

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

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

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

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

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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