

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		899096.58
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	962973.78									
(c) Total Receipts (from Line 19)	76256.10	346042.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1039229.88	1245139.06								
7. Total Disbursements (from Line 31)	168895.65	374804.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	870334.23	870334.23								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	73061.50	324717.69
(ii) Unitemized	3194.60	21324.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76256.10	346042.48
(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)	76256.10	346042.48
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76256.10	346042.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76256.10	346042.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	6395.65	63704.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6395.65	63704.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	162500.00	277500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
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.....	0.00	33600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely 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))..	168895.65	374804.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168895.65	374804.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	76256.10	346042.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76256.10	346042.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6395.65	63704.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6395.65	63704.83

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 148
(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.

Full Name (Last, First, Middle Initial)
Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13055

Amount of Each Receipt this Period
25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Riad Aboujamous

Mailing Address 1217 Fullerton

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13308

Amount of Each Receipt this Period
25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

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

Name of Employer self-employee Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13056

Amount of Each Receipt this Period
250.00

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 7 / 148

(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.

Full Name (Last, First, Middle Initial)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee. C

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13309

Amount of Each Receipt this Period 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200 E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13058

Amount of Each Receipt this Period 150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200 E. Xenops

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13311

Amount of Each Receipt this Period 150.00

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 8 / 148
(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.

Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 104 augusta square		Transaction ID: SA11AI.13057
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Ruben Abreu		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 104 augusta square		Transaction ID: SA11AI.13310
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

C.

Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 807 North Cage		Transaction ID: SA11AI.13059
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <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: PAGE 9 / 148
(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 (Last, First, Middle Initial)
Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13312

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13060

Amount of Each Receipt this Period 25.00

contribution

C. Full Name (Last, First, Middle Initial)
Ms Sahar Alizy

Mailing Address 1609 Martin

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13313

Amount of Each Receipt this Period 25.00

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 10 / 148

(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.

Full Name (Last, First, Middle Initial)

Michael Alleyn

Mailing Address 5505 N. 4th

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13061

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Michael Alleyn

Mailing Address 5505 N. 4th

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13314

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13062

Amount of Each Receipt this Period

25.00

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 11 / 148
(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 (Last, First, Middle Initial)
Ms Alex Ambriz

Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13315
Amount of Each Receipt this Period 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13063
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Michael Amyx

Mailing Address 2108 Mynah

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13316
Amount of Each Receipt this Period 250.00
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 12 / 148
(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 (Last, First, Middle Initial)
Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13317
Amount of Each Receipt this Period: 125.00
contribution

B. Full Name (Last, First, Middle Initial)
Dario Arango

Mailing Address 7004 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13064
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Dario Arango

Mailing Address 7004 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13318
Amount of Each Receipt this Period: 250.00
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:	PAGE 13 / 148
	(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.	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mcallen	TX	78504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.13065 Amount of Each Receipt this Period <input type="text" value="50.00"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mcallen	TX	78504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.13319 Amount of Each Receipt this Period <input type="text" value="50.00"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi		Date of Receipt
	Mailing Address 307 N 'D' Salinas Blvd		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Donna	TX	78537
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.13069 Amount of Each Receipt this Period <input type="text" value="25.00"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="125.00"/>
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 14 / 148
(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.

Full Name (Last, First, Middle Initial)
Alejandro Arizmendi

Mailing Address 307 N 'D' Salinas Blvd

City Donna State TX Zip Code 78537

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13320

Amount of Each Receipt this Period contribution 25.00

B.

Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

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 self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13072

Amount of Each Receipt this Period contribution 125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

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 self-employed Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13321

Amount of Each Receipt this Period contribution 125.00

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: PAGE 15 / 148

(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.

Full Name (Last, First, Middle Initial)
Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13073

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13322

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13074

Amount of Each Receipt this Period

50.00

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 16 / 148
(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 (Last, First, Middle Initial)
Ms Susan Bajus

Mailing Address 5705 North 4th

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13323
Amount of Each Receipt this Period 50.00 contribution

B. Full Name (Last, First, Middle Initial)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13075
Amount of Each Receipt this Period 50.00 contribution

C. Full Name (Last, First, Middle Initial)
Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13324
Amount of Each Receipt this Period 50.00 contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 148
(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 (Last, First, Middle Initial)
Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13325
Amount of Each Receipt this Period: 125.00
contribution

B. Full Name (Last, First, Middle Initial)
Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13076
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13326
Amount of Each Receipt this Period: 250.00
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: PAGE 18 / 148
(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. Full Name (Last, First, Middle Initial)
Dr. Sebrahmanyen Behara
 Mailing Address 121 Cardinal
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 400.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13106
 Amount of Each Receipt this Period
 400.00
 contribution

B. Full Name (Last, First, Middle Initial)
Dr. Sebrahmanyen Behara
 Mailing Address 121 Cardinal
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 800.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13327
 Amount of Each Receipt this Period
 400.00
 contribution

C. Full Name (Last, First, Middle Initial)
Juan Bernini
 Mailing Address 2804 Santa Ana
 City State Zip Code
 mission TX 78574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13107
 Amount of Each Receipt this Period
 250.00
 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 19 / 148
(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.

Full Name (Last, First, Middle Initial) Juan Bernini		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 2804 Santa Ana		Transaction ID: SA11AI.13328
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

B.

Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 7007 N 1st Lane		Transaction ID: SA11AI.13108
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 7007 N 1st Lane		Transaction ID: SA11AI.13329
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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: PAGE 20 / 148
(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 (Last, First, Middle Initial)
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13109
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13330
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13110
Amount of Each Receipt this Period: 50.00
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 21 / 148
(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. Full Name (Last, First, Middle Initial)
Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13331

Amount of Each Receipt this Period 50.00

contribution

B. Full Name (Last, First, Middle Initial)
Robert Brace

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 10 / 18 / 2010

Transaction ID: SA11AI.13111

Amount of Each Receipt this Period 400.00

contribution

C. Full Name (Last, First, Middle Initial)
Robert Brace

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13332

Amount of Each Receipt this Period 400.00

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 22 / 148

(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.

Full Name (Last, First, Middle Initial)
Dr. Alejandro Bugnone

Mailing Address 429
Umar

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
doctor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13113

Amount of Each Receipt this Period

200.00

contribution

B.

Full Name (Last, First, Middle Initial)
Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13114

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Desi Canals

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13334

Amount of Each Receipt this Period

25.00

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 23 / 148

(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.

Full Name (Last, First, Middle Initial)

Alonzo Cantu

Mailing Address P.O.Box 2673

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13115

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13118

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13338

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 148
(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
							17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1016 E. Griffin Parkway		Transaction ID: SA11AI.13119
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	

B.

Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1016 E. Griffin Parkway		Transaction ID: SA11AI.13339
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	

C.

Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 5021 Elk Lane		Transaction ID: SA11AI.13120
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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: PAGE 25 / 148
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 5021 Elk Lane		Transaction ID: SA11AI.13340
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11AI.13121
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11AI.13341
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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 26 / 148

(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.

Full Name (Last, First, Middle Initial)
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13122

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13342

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2375.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13123

Amount of Each Receipt this Period

125.00

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: PAGE 27 / 148
(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 (Last, First, Middle Initial)
R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13343
Amount of Each Receipt this Period 125.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13124
Amount of Each Receipt this Period 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13344
Amount of Each Receipt this Period 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 175.00

TOTAL This Period (last page this line 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 / 148
(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 (Last, First, Middle Initial)
Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13125

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13345

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2028.62

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13127

Amount of Each Receipt this Period
250.00

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 29 / 148
(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.

Full Name (Last, First, Middle Initial) Diana Cortinas		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1400 Northgate Lane		Transaction ID: SA11AI.13347
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2278.62	

B.

Full Name (Last, First, Middle Initial) Guillermo Cortinas		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1224 Northgate Lane		Transaction ID: SA11AI.13128
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2071.22	

C.

Full Name (Last, First, Middle Initial) Guillermo Cortinas		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1224 Northgate Lane		Transaction ID: SA11AI.13348
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2321.22	

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 30 / 148
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13129

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13349

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13132

Amount of Each Receipt this Period
150.00

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 31 / 148

(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.

Full Name (Last, First, Middle Initial)

James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13352

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13136

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13356

Amount of Each Receipt this Period

250.00

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 32 / 148
(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.

Full Name (Last, First, Middle Initial)
Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13134

Amount of Each Receipt this Period
125.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13354

Amount of Each Receipt this Period
125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13135

Amount of Each Receipt this Period
250.00

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 33 / 148

(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.

Full Name (Last, First, Middle Initial)

Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13355

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13137

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Luis Delgado, Jr.

Mailing Address 5128 N. 10th

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13357

Amount of Each Receipt this Period

150.00

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 34 / 148

(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.

Full Name (Last, First, Middle Initial)

Mr. Ted Disque

Mailing Address 501 Iris

City State Zip Code
McAllen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13138

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Ted Disque

Mailing Address 501 Iris

City State Zip Code
McAllen TX 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13358

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13139

Amount of Each Receipt this Period

400.00

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 35 / 148
(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 (Last, First, Middle Initial)
Alberto Duran

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13359
 Amount of Each Receipt this Period 400.00
 contribution

B. Full Name (Last, First, Middle Initial)
Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13140
 Amount of Each Receipt this Period 25.00
 contribution

C. Full Name (Last, First, Middle Initial)
Ms Oneida Elizondo

Mailing Address 2411 Durango Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13360
 Amount of Each Receipt this Period 25.00
 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 36 / 148
(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 (Last, First, Middle Initial)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13141

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13361

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13142

Amount of Each Receipt this Period
250.00

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 37 / 148
(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.

Full Name (Last, First, Middle Initial)
Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13362

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13143

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13363

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number 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 / 148
(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

<p>A. Full Name (Last, First, Middle Initial) Alberto Felici</p> <p>Mailing Address 2309 W. Greenbriar Square</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.13144</p> <p>Amount of Each Receipt this Period 100.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Alberto Felici</p> <p>Mailing Address 2309 W. Greenbriar Square</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.13364</p> <p>Amount of Each Receipt this Period 100.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Marco Flores</p> <p>Mailing Address 320 Primrose</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</p> <p>Transaction ID: SA11AI.13145</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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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 39 / 148
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13365

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Melissa P. Flores

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

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

Name of Employer self-employee Occupation
self-employee private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13366

Amount of Each Receipt this Period
25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13147

Amount of Each Receipt this Period
50.00

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: PAGE 40 / 148
(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. Full Name (Last, First, Middle Initial)
Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13367
Amount of Each Receipt this Period: 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13149
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13369
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

**SCHEDULE A (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 / 148
	<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.	Full Name (Last, First, Middle Initial) Hiram Garcia	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2712 E Mile 5 Road	Transaction ID: SA11AI.13150
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Hiram Garcia	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2712 E Mile 5 Road	Transaction ID: SA11AI.13370
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00	

C.	Full Name (Last, First, Middle Initial) Ms Nancy Garcia	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1409 Dora Jeanne Drive	Transaction ID: SA11AI.13371
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

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: PAGE 42 / 148

(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.

Full Name (Last, First, Middle Initial)

Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13152

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)

Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13372

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)

Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City State Zip Code
Mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13368

Amount of Each Receipt this Period

200.00

contribution

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line 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 / 148
(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.

Full Name (Last, First, Middle Initial)
Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13154
Amount of Each Receipt this Period: 25.00
contribution

B.

Full Name (Last, First, Middle Initial)
Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13374
Amount of Each Receipt this Period: 25.00
contribution

C.

Full Name (Last, First, Middle Initial)
Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13376
Amount of Each Receipt this Period: 400.00
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 44 / 148
(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 (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13155
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13377
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City State Zip Code
Palmhurst TX 78539

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

Name of Employer selfemployed Occupation self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13153
Amount of Each Receipt this Period: 125.00
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: PAGE 45 / 148
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo</p> <p>Mailing Address 2311 Silvarido North</p> <p>City State Zip Code Palmhurst TX 78539</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13373</p> <p>Amount of Each Receipt this Period 125.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Lawrence Gelman</p> <p>Mailing Address 3900 Sundown Drive</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13156</p> <p>Amount of Each Receipt this Period 400.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Lawrence Gelman</p> <p>Mailing Address 3900 Sundown Drive</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13378</p> <p>Amount of Each Receipt this Period 400.00</p> <p>contribution</p>
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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: PAGE 46 / 148
(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 (Last, First, Middle Initial)
Robert Genovese
 Mailing Address 2208 Summer Breeze
 City State Zip Code
mission TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1980.43
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13157
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Robert Genovese
 Mailing Address 2208 Summer Breeze
 City State Zip Code
mission TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2230.43
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13379
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Dr. Richard Gillett
 Mailing Address 54 South 10th
 City State Zip Code
McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13158
 Amount of Each Receipt this Period 100.00
 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 47 / 148
(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. Full Name (Last, First, Middle Initial)
Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13380

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13159

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13381

Amount of Each Receipt this Period
100.00

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 48 / 148
(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 (Last, First, Middle Initial)
Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13160
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13382
Amount of Each Receipt this Period: 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13166
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 148
(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. Full Name (Last, First, Middle Initial)
Mr. Michael Gonzales

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13388

Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Ms Aida Gonzalez

Mailing Address 311 E. Davis

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13385

Amount of Each Receipt this Period: 20.00
contribution

C. Full Name (Last, First, Middle Initial)
Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2457.69

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13164

Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► **295.00**

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

SCHEDULE A (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 / 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) Alfredo Gonzalez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2305 Monaco Drive	Transaction ID: SA11AI.13386
	City mission State TX Zip Code 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2707.69	

B.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.13165
	City edinburg State TX Zip Code 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2500.00	

C.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.13387
	City edinburg State TX Zip Code 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2750.00	

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 51 / 148
	<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.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1501 Meadwood	Transaction ID: SA11AI.13161
	City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1501 Meadwood	Transaction ID: SA11AI.13383
	City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00	

C.	Full Name (Last, First, Middle Initial) Verley Gordon	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1700 E. Mile 3 Road	Transaction ID: SA11AI.13167
	City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation self-employed physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2491.47	

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 52 / 148
(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 (Last, First, Middle Initial)
Verley Gordon

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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2741.47

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13389
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13168
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13390
Amount of Each Receipt this Period 400.00
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: PAGE 53 / 148
(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 (Last, First, Middle Initial)
Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13170

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13393

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13171

Amount of Each Receipt this Period
100.00

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: PAGE 54 / 148

(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.

Full Name (Last, First, Middle Initial)
John Guerra

Mailing Address 3105 Forest Court

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13394

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13172

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Marcy Guerra

Mailing Address 13337 Borolo Drive

City State Zip Code
edenburg TX 78541

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13395

Amount of Each Receipt this Period

250.00

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 55 / 148
(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.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt																					
	Mailing Address 1402 E. 8th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	8		2	0	1	0														
	City State Zip Code weslaco TX 78596		Transaction ID: SA11AI.13173																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer selfemployed Occupation physician		contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2259.52																						

B.	Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt																					
	Mailing Address 1402 E. 8th Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	8		2	0	1	0														
	City State Zip Code weslaco TX 78596		Transaction ID: SA11AI.13396																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer selfemployed Occupation physician		contribution																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2509.52																						

C.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt																					
	Mailing Address 6020 Wisconsin		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	8		2	0	1	0														
	City State Zip Code edinburg TX 78539		Transaction ID: SA11AI.13175																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer selfemployed Occupation physician		contribution																						
Receipt For: <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: PAGE 56 / 148
(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 (Last, First, Middle Initial)
Alberto Gutierrez

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13398

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13176

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13399

Amount of Each Receipt this Period
400.00

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: PAGE 57 / 148
(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 (Last, First, Middle Initial)
Miguel Gutierrez
 Mailing Address 224 Lindberg
 City State Zip Code
 mcallen TX 78501
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13177
 Amount of Each Receipt this Period
 250.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

B. Full Name (Last, First, Middle Initial)
Miguel Gutierrez
 Mailing Address 224 Lindberg
 City State Zip Code
 mcallen TX 78501
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13400
 Amount of Each Receipt this Period
 250.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00

C. Full Name (Last, First, Middle Initial)
Anna Lisa Guzman
 Mailing Address P.O. Box 720235
 City State Zip Code
 McAllen TX 78504
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13178
 Amount of Each Receipt this Period
 50.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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 58 / 148
(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 (Last, First, Middle Initial)
Anna Lisa Guzman
 Mailing Address P.O. Box 720235
 City State Zip Code
 McAllen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician assistant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13401
 Amount of Each Receipt this Period 50.00
 contribution

B. Full Name (Last, First, Middle Initial)
Dr. Eduardo Guzman
 Mailing Address 2308 Highway 83 suite f
 City State Zip Code
 Penitas TX 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13179
 Amount of Each Receipt this Period 50.00
 contribution

C. Full Name (Last, First, Middle Initial)
Dr. Eduardo Guzman
 Mailing Address 2308 Highway 83 suite f
 City State Zip Code
 Penitas TX 78573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employee Occupation physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13402
 Amount of Each Receipt this Period 50.00
 contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 148
(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 (Last, First, Middle Initial)
Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13180
Amount of Each Receipt this Period: 400.00
contribution

B. Full Name (Last, First, Middle Initial)
Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13403
Amount of Each Receipt this Period: 400.00
contribution

C. Full Name (Last, First, Middle Initial)
Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13181
Amount of Each Receipt this Period: 75.00
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: PAGE 60 / 148
(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 (Last, First, Middle Initial)
Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13404

Amount of Each Receipt this Period
75.00

contribution

B. Full Name (Last, First, Middle Initial)
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1129.55

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13182

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Robert Helbing

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1229.55

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13405

Amount of Each Receipt this Period
100.00

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: PAGE 61 / 148
(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 (Last, First, Middle Initial)
Mr. Blake Hensler
 Mailing Address 3414 Pricess Street
 City State Zip Code
Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13183
 Amount of Each Receipt this Period 25.00
 contribution

B. Full Name (Last, First, Middle Initial)
Mr. Blake Hensler
 Mailing Address 3414 Pricess Street
 City State Zip Code
Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13406
 Amount of Each Receipt this Period 25.00
 contribution

C. Full Name (Last, First, Middle Initial)
Ms Monica Hensler
 Mailing Address 3414 Princess Street
 City State Zip Code
Edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13184
 Amount of Each Receipt this Period 25.00
 contribution

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

**SCHEDULE A (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 / 148
	<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.	Full Name (Last, First, Middle Initial) Ms Monica Hensler	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 3414 Princess Street	Transaction ID: SA11AI.13407
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2000 Dana	Transaction ID: SA11AI.13185
	City State Zip Code Pharr TX 78577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Ambrosio Hernandez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2000 Dana	Transaction ID: SA11AI.13409
	City State Zip Code Pharr TX 78577	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 63 / 148
(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 (Last, First, Middle Initial)
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13186
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13408
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13187
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 148

(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.

Full Name (Last, First, Middle Initial)
Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13392

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1524.69

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13188

Amount of Each Receipt this Period

234.70

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1759.39

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13410

Amount of Each Receipt this Period

234.70

contribution

SUBTOTAL of Receipts This Page (optional)

719.40

TOTAL This Period (last page this line 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 65 / 148
(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.

Full Name (Last, First, Middle Initial)
Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13189

Amount of Each Receipt this Period
50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13411

Amount of Each Receipt this Period
50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13190

Amount of Each Receipt this Period
250.00

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 66 / 148

(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.

Full Name (Last, First, Middle Initial)
Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13412

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Phil Hunke

Mailing Address 505 East Newport Lane

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13191

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13193

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input 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	PAGE 67 / 148
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 712 S. Cage		Transaction ID: SA11AI.13415
	City Pharr	State TX	Zip Code 78577
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
	Name of Employer self-employed Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Ms Marina Jacobson		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1505 Doherty		Transaction ID: SA11AI.13194
	City Mission	State TX	Zip Code 78572
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Marina Jacobson		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1505 Doherty		Transaction ID: SA11AI.13416
	City Mission	State TX	Zip Code 78572
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer selfemployed Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	

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 68 / 148
(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 (Last, First, Middle Initial)
Donna Joule

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13195

Amount of Each Receipt this Period 25.00

contribution

B. Full Name (Last, First, Middle Initial)
Donna Joule

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13417

Amount of Each Receipt this Period 25.00

contribution

C. Full Name (Last, First, Middle Initial)
Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13196

Amount of Each Receipt this Period 250.00

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 69 / 148
	<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.	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt
	Mailing Address 2548 Palm Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 18 / 2010
	City	State	Zip Code
	rio grande city	TX	78582
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13418
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
	Mailing Address 213 e. Xenops		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 18 / 2010
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13198
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Gholam Kiani		Date of Receipt
	Mailing Address 213 e. Xenops		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 18 / 2010
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13420
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2750.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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: PAGE 70 / 148
(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 (Last, First, Middle Initial)
Mary Elizabeth Klenz
Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13199
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz
Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13421
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Kudisch
Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13200
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 148
(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 (Last, First, Middle Initial)
Alejandro Kudisch

Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13422

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13201

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13423

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 148
(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 (Last, First, Middle Initial)
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13202
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13424
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13203
Amount of Each Receipt this Period: 25.00
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 73 / 148

(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.

Full Name (Last, First, Middle Initial)
Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13425

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dale Linebarger

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13205

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dale Linebarger

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13427

Amount of Each Receipt this Period

400.00

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 74 / 148
(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 (Last, First, Middle Initial)
Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employee Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13206

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employee Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13428

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13207

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 148
(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 (Last, First, Middle Initial)
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City San Benito State TX Zip Code 78586

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13429
Amount of Each Receipt this Period 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Alfredo Lopez

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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13208
Amount of Each Receipt this Period 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Alfredo Lopez

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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13430
Amount of Each Receipt this Period 50.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 148

(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.

Full Name (Last, First, Middle Initial)
Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2476.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11AI.13209

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2726.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	1	0

Transaction ID: SA11AI.13431

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: SA11AI.13210

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 148						
	(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

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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Dr. Sergio Lozano		Date of Receipt MM / DD / YYYY 11 / 18 / 2010		
	Mailing Address 2309 Spicewood Drive		Transaction ID: SA11AI.13432		
	City Weslaco	State TX	Zip Code 78596	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 275.00			

B.	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt MM / DD / YYYY 10 / 18 / 2010		
	Mailing Address 3801 Sundown Court East		Transaction ID: SA11AI.13212		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) Salil Mangi		Date of Receipt MM / DD / YYYY 11 / 18 / 2010		
	Mailing Address 3801 Sundown Court East		Transaction ID: SA11AI.13434		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2750.00			

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 78 / 148
(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 (Last, First, Middle Initial)
Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13213

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13435

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
Guillermo Marquez

Mailing Address 1702 Trinity Road

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13214

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 148
(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.

Full Name (Last, First, Middle Initial)
Guillermo Marquez

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13436
 Amount of Each Receipt this Period 400.00
 contribution

B.

Full Name (Last, First, Middle Initial)
Agustin Martinez

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 selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13215
 Amount of Each Receipt this Period 400.00
 contribution

C.

Full Name (Last, First, Middle Initial)
Agustin Martinez

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 selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13437
 Amount of Each Receipt this Period 400.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 80 / 148
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NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Ricardo Martinez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1903 W. Smith	Transaction ID: SA11AI.13216
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Ricardo Martinez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1903 W. Smith	Transaction ID: SA11AI.13438
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 2750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2809 Santa Lydia	Transaction ID: SA11AI.13217
	City State Zip Code Mission TX 78572	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer self-employee Occupation physician	Aggregate Year-to-Date ▼ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 81 / 148
	<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.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2809 Santa Lydia	Transaction ID: SA11AI.13439
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employee Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00	

B.	Full Name (Last, First, Middle Initial) Santos Martinez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 125 East Yucca	Transaction ID: SA11AI.13218
	City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Santos Martinez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 125 East Yucca	Transaction ID: SA11AI.13440
	City mcallen State TX Zip Code 78504	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00	

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 82 / 148
(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 (Last, First, Middle Initial)
Pedro McDougal
Mailing Address 1516 Iris
City State Zip Code
mcallen TX 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13219
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Pedro McDougal
Mailing Address 1516 Iris
City State Zip Code
mcallen TX 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2900.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13442
Amount of Each Receipt this Period 400.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Kimberly McNutt
Mailing Address 7716 N. 27th
City State Zip Code
McAllen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13221
Amount of Each Receipt this Period 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 675.00
TOTAL This Period (last page this line 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 83 / 148
(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 (Last, First, Middle Initial)
Ms Kimberly McNutt

Mailing Address 7716 N. 27th

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13443

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13222

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13444

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

TOTAL This Period (last page this line 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 84 / 148
(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 (Last, First, Middle Initial)
Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13223

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Carlos Mego

Mailing Address 602 McColl Circle

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13445

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13224

Amount of Each Receipt this Period
250.00

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 85 / 148

(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.

Full Name (Last, First, Middle Initial)
Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13446

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

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

Name of Employer Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13225

Amount of Each Receipt this Period

75.00

contribution

C.

Full Name (Last, First, Middle Initial)
Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

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

Name of Employer Occupation
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
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13447

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

400.00

TOTAL This Period (last page this line 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 86 / 148
(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.

Full Name (Last, First, Middle Initial)
Carlos Mohamed

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13227

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13228

Amount of Each Receipt this Period
100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Carlos Mohamed

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13450

Amount of Each Receipt this Period
250.00

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 87 / 148
(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. Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.
Mailing Address 2821 Michael Angelo

City	State	Zip Code
Edinburg	TX	78539

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

Name of Employer self-employed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13451
 Amount of Each Receipt this Period
 100.00
 contribution

B. Full Name (Last, First, Middle Initial)
Dr. Armando Moncada
Mailing Address 1421 North 2nd Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13229
 Amount of Each Receipt this Period
 400.00
 contribution

C. Full Name (Last, First, Middle Initial)
Dr. Armando Moncada
Mailing Address 1421 North 2nd Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer self-employee
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.13452
 Amount of Each Receipt this Period
 400.00
 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: PAGE 88 / 148
(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 (Last, First, Middle Initial)
Carlos Morales
Mailing Address 3325 Kent Lane
City mcallen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13230
Amount of Each Receipt this Period 400.00
contribution

B. Full Name (Last, First, Middle Initial)
Carlos Morales
Mailing Address 3325 Kent Lane
City mcallen State TX Zip Code 78503
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13453
Amount of Each Receipt this Period 400.00
contribution

C. Full Name (Last, First, Middle Initial)
Leonel Moreno
Mailing Address 1608 Woods Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13231
Amount of Each Receipt this Period 250.00
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 89 / 148

(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.

Full Name (Last, First, Middle Initial)
Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13454

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Lauren Naylor

Mailing Address 3020 Melinda Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13232

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Lauren Naylor

Mailing Address 3020 Melinda Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13455

Amount of Each Receipt this Period

50.00

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 90 / 148
(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 (Last, First, Middle Initial)
Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13233
Amount of Each Receipt this Period 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13456
Amount of Each Receipt this Period 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13234
Amount of Each Receipt this Period 100.00
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 91 / 148
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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

<p>A. Full Name (Last, First, Middle Initial) Dr. Noel Oliveira</p> <p>Mailing Address 9917 Bentsen Road</p> <p>City State Zip Code McAllen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13457</p> <p>Amount of Each Receipt this Period 100.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Armando Osio</p> <p>Mailing Address 600 Tulip</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13236</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Armando Osio</p> <p>Mailing Address 600 Tulip</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2750.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13459</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 148
(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.

Full Name (Last, First, Middle Initial)
Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 18 / 2010

Transaction ID: SA11AI.13237

Amount of Each Receipt this Period 50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13460

Amount of Each Receipt this Period 50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Fernando Otero

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 self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010

Transaction ID: SA11AI.13238

Amount of Each Receipt this Period 250.00

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 93 / 148

(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.

Full Name (Last, First, Middle Initial)
Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13461

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13239

Amount of Each Receipt this Period

75.00

contribution

C.

Full Name (Last, First, Middle Initial)
Kip Owen

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13462

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

400.00

TOTAL This Period (last page this line 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 94 / 148
(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 (Last, First, Middle Initial)
Mr. Esteban Palacios, Jr.
Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13240

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Esteban Palacios, Jr.
Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 78540

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13463

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Prakash Palimar
Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13242

Amount of Each Receipt this Period
250.00

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 95 / 148

(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.

Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13465

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13241

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13464

Amount of Each Receipt this Period

125.00

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 96 / 148

(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.

Full Name (Last, First, Middle Initial)
Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13467

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer self-employed Occupation
Self-employed physcian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13243

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer self-employed Occupation
Self-employed physcian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13468

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line 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 97 / 148
(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 (Last, First, Middle Initial)
Dr. Alberto Pena

Mailing Address 3716 Tigris

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13244

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Alberto Pena

Mailing Address 3716 Tigris

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13469

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13245

Amount of Each Receipt this Period
400.00

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 98 / 148
(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 (Last, First, Middle Initial)
Jose Pena
 Mailing Address 100 Bluebird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3050.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13470
 Amount of Each Receipt this Period 400.00
 contribution

B. Full Name (Last, First, Middle Initial)
Juan Pena
 Mailing Address 905 S. Huisache Court
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13246
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Juan Pena
 Mailing Address 905 S. Huisache Court
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13471
 Amount of Each Receipt this Period 250.00
 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: PAGE 99 / 148
(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 (Last, First, Middle Initial)
Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13247

Amount of Each Receipt this Period
150.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13472

Amount of Each Receipt this Period
150.00

contribution

C. Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
self-employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.48

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13248

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **425.00**

TOTAL This Period (last page this line 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 100 / 148
(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.

Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1215.48

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13473

Amount of Each Receipt this Period
125.00

contribution

B.

Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2180.86

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13250

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2430.86

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13475

Amount of Each Receipt this Period
250.00

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: PAGE 101 / 148
(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 (Last, First, Middle Initial)
Mr. Francisco Pina

Mailing Address 129 E. Jones

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13251

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Francisco Pina

Mailing Address 129 E. Jones

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13476

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Ms Jessica Porras

Mailing Address 5128 North 10th Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13477

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 148
(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 (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2477.83

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13253
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2727.83

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13478
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13254
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 148
(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 (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13479
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physicaïn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13255
 Amount of Each Receipt this Period: 400.00
 contribution

C. Full Name (Last, First, Middle Initial)
Gustavo Ramos

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physicaïn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13480
 Amount of Each Receipt this Period: 400.00
 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 104 / 148
(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 (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13257
Amount of Each Receipt this Period: 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13482
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13258
Amount of Each Receipt this Period: 25.00
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: PAGE 105 / 148
(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 (Last, First, Middle Initial)
Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13483
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13259
Amount of Each Receipt this Period: 125.00
contribution

C. Full Name (Last, First, Middle Initial)
R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13484
Amount of Each Receipt this Period: 125.00
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: PAGE 106 / 148
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Manuel Reinoso</p> <p>Mailing Address 1400 E Ridge suite 7</p> <p>City State Zip Code McAllen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13485</p> <p>Amount of Each Receipt this Period 25.00</p> <p>contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) William Restrepo</p> <p>Mailing Address 1117 S. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13261</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) William Restrepo</p> <p>Mailing Address 1117 S. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2750.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13486</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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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 107 / 148
(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 (Last, First, Middle Initial)
Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
McAllen TX 78502

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13262

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
McAllen TX 78502

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13487

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13263

Amount of Each Receipt this Period
250.00

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 108 / 148
(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.

Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 100 E. Houston		Transaction ID: SA11AI.13488
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 selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

B.

Full Name (Last, First, Middle Initial) Benjamin Robalino		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1217 S. Cynthia		Transaction ID: SA11AI.13264
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 selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Benjamin Robalino		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1217 S. Cynthia		Transaction ID: SA11AI.13489
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 selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

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: PAGE 109 / 148
(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 (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13265

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 78593

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13490

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13266

Amount of Each Receipt this Period
75.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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

**SCHEDULE A (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 / 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) Paulette Saca	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 109 Condor	Transaction ID: SA11AI.13491
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

B.	Full Name (Last, First, Middle Initial) Javier Saenz	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2308 Monaco Drive	Transaction ID: SA11AI.13267
	City State Zip Code mission TX 78574	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	

C.	Full Name (Last, First, Middle Initial) Javier Saenz	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2308 Monaco Drive	Transaction ID: SA11AI.13492
	City State Zip Code mission TX 78574	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3050.00	

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: PAGE 111 / 148
(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

<p>A. Full Name (Last, First, Middle Initial) JJ Saenz</p> <p>Mailing Address 2400 S.E. Augusta Square</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13268</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) JJ Saenz</p> <p>Mailing Address 2400 S.E. Augusta Square</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2750.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13493</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Larry Safir</p> <p>Mailing Address 3300 S. 2nd suite 10</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation private investor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13269</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 112 / 148
(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 (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13494
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13270
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13495
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

**SCHEDULE A (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 / 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) Elisa Garza Sanchez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3509 N. Glasscock	Transaction ID: SA11AI.13272
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1250.00	

B.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 3509 N. Glasscock	Transaction ID: SA11AI.13496
	City Mission State TX Zip Code 78574	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer Self employed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1375.00	

C.	Full Name (Last, First, Middle Initial) Mr. Victor Sanchez	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address P.O. Box 1868	Transaction ID: SA11AI.13273
	City McAllen State TX Zip Code 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

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 114 / 148
	<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.	Full Name (Last, First, Middle Initial) Mr. Victor Sanchez	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address P.O. Box 1868	Transaction ID: SA11AI.13498
	City State Zip Code McAllen TX 78503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Luis San Miguel	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1912 Fair Oak	Transaction ID: SA11AI.13271
	City State Zip Code Mission TX 78574	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

C.	Full Name (Last, First, Middle Initial) Luis San Miguel	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1912 Fair Oak	Transaction ID: SA11AI.13497
	City State Zip Code Mission TX 78574	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Self employed	Occupation physician	
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)	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 115 / 148
(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.

Full Name (Last, First, Middle Initial)
Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **10 / 18 / 2010**

Transaction ID: SA11AI.13275

Amount of Each Receipt this Period **100.00**

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 18 / 2010**

Transaction ID: SA11AI.13500

Amount of Each Receipt this Period **100.00**

contribution

C.

Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2650.00**

Date of Receipt **10 / 18 / 2010**

Transaction ID: SA11AI.13276

Amount of Each Receipt this Period **400.00**

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 116 / 148
(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 (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13501
Amount of Each Receipt this Period: 400.00
contribution

B. Full Name (Last, First, Middle Initial)
Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13277
Amount of Each Receipt this Period: 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13502
Amount of Each Receipt this Period: 25.00
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 117 / 148
	<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.	Full Name (Last, First, Middle Initial) Dennis Slavin	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1501 S. Oklahoma	Transaction ID: SA11AI.13278
	City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Dennis Slavin	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1501 S. Oklahoma	Transaction ID: SA11AI.13503
	City State Zip Code weslaco TX 78596	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Hilda Solis	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address P.O.Box 3302	Transaction ID: SA11AI.13279
	City State Zip Code McAllen TX 78502	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Self employed Occupation private investor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 118 / 148
(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.

Full Name (Last, First, Middle Initial)
Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
Self employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13504

Amount of Each Receipt this Period
25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
McAllen TX 78501

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

Name of Employer Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1374.31

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13280

Amount of Each Receipt this Period
175.32

contribution

C.

Full Name (Last, First, Middle Initial)
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
McAllen TX 78501

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

Name of Employer Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1521.43

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13505

Amount of Each Receipt this Period
147.12

contribution

SUBTOTAL of Receipts This Page (optional) ► **347.44**

TOTAL This Period (last page this line 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 119 / 148
(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 (Last, First, Middle Initial)
Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13281

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
McAllen TX 78502

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13506

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13284

Amount of Each Receipt this Period
250.00

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 120 / 148
(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.

Full Name (Last, First, Middle Initial)
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer
Self employed

Occupation
physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13509

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

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

Name of Employer
self-employed

Occupation
private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13285

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Jose Trejo

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

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

Name of Employer
self-employed

Occupation
private investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13510

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 148
(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 (Last, First, Middle Initial)
Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13288

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Susan Turley

Mailing Address 312 Thunderbird

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13513

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13289

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (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 / 148
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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 (Last, First, Middle Initial) Marcel Twahirwa	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2403 El Encino Drive	Transaction ID: SA11AI.13514
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2750.00	

B.	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2302 Red River Drive	Transaction ID: SA11AI.13290
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Theresa Valladares	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2302 Red River Drive	Transaction ID: SA11AI.13515
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

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: (check only one)	PAGE 123 / 148
	<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.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	rio grande city	TX	78582
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13197
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
	Mailing Address 2548 Palm Circle		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	rio grande city	TX	78582
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13419
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
	Mailing Address 100 E. Ridge Road #B		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13291
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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: PAGE 124 / 148

(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.

Full Name (Last, First, Middle Initial)
Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
McAllen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13516

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13292

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield Drive

City State Zip Code
Edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13517

Amount of Each Receipt this Period

50.00

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 125 / 148
(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 (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13293
Amount of Each Receipt this Period 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13518
Amount of Each Receipt this Period 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Ramiro Verdoreen

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13294
Amount of Each Receipt this Period 400.00
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 126 / 148

(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.

Full Name (Last, First, Middle Initial)

Ramiro Verdoreen

Mailing Address 301 E. Newport

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13519

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13295

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13520

Amount of Each Receipt this Period

125.00

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 127 / 148
(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 (Last, First, Middle Initial)
Rita Villanueva

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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1377.82

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13296
Amount of Each Receipt this Period 175.77
contribution

B. Full Name (Last, First, Middle Initial)
Rita Villanueva

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 selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1525.32

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13521
Amount of Each Receipt this Period 147.50
contribution

C. Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1126.43

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13297
Amount of Each Receipt this Period 143.70
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 466.97

TOTAL This Period (last page this line 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 128 / 148

(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.

Full Name (Last, First, Middle Initial)

Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1247.01

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13522

Amount of Each Receipt this Period

120.58

contribution

B.

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13298

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)

Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13523

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

420.58

TOTAL This Period (last page this line 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 129 / 148
(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 (Last, First, Middle Initial)
Raymond Walker

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 self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13299
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Raymond Walker

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 self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13524
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
James Webb

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1245.04

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13300
Amount of Each Receipt this Period 158.83
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 658.83

TOTAL This Period (last page this line 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 / 148
(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.

Full Name (Last, First, Middle Initial)
James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1378.32

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13525

Amount of Each Receipt this Period contribution 133.28

B.

Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13301

Amount of Each Receipt this Period contribution 100.00

C.

Full Name (Last, First, Middle Initial)
Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13526

Amount of Each Receipt this Period contribution 100.00

SUBTOTAL of Receipts This Page (optional) ► **333.28**

TOTAL This Period (last page this line 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 131 / 148
(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.

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 6905 N. Cynthia		Transaction ID: SA11AI.13302
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B.

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 6905 N. Cynthia		Transaction ID: SA11AI.13527
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 6804 N. 1st		Transaction ID: SA11AI.13303
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <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)	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 132 / 148

(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.

Full Name (Last, First, Middle Initial)

Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13528

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13304

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13529

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

73061.50

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)

PAGE 133 / 148

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.

Full Name (Last, First, Middle Initial)
Mr. Juan Carlos Diaz

Transaction ID: SB21B.13618
Date of Disbursement

Mailing Address 600 Nyssa

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

City State Zip Code
McAllen TX 78504

Amount of Each Disbursement this Period

375.00

Purpose of Disbursement
contract services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
McAllen Country Club

Transaction ID: SB21B.13581
Date of Disbursement

Mailing Address 615 Wichita

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

City State Zip Code
McAllen TX 78501

Amount of Each Disbursement this Period

2776.43

Purpose of Disbursement
meals expenditures

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Practicing Law Institute

Transaction ID: SB21B.13573
Date of Disbursement

Mailing Address 810 Seventh Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	1	0

City State Zip Code
New York NY 10019

Amount of Each Disbursement this Period

1895.00

Purpose of Disbursement
reference material/online

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5046.43

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)

PAGE 134 / 148

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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.

Full Name (Last, First, Middle Initial)
Water Tower Village

Mailing Address 52211 N. McColl Road

City State Zip Code
McAllen TX 78504

Purpose of Disbursement
rental expenditure

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13638

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

1331.25

SUBTOTAL of Disbursements This Page (optional)

1331.25

TOTAL This Period (last page this line number only)

6377.68

**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"/> 24	<input type="checkbox"/> 25	<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. AMERIPAC: THE FUND FOR A GREATER AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement contribution

Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.13619
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. JOE LINUS BARTON

Full Name (Last, First, Middle Initial)

Mailing Address 701 Williamsburg

City Ennis State TX Zip Code 75119

Purpose of Disbursement contribution

Candidate Name JOE LINUS BARTON

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: TX District: 06

Transaction ID: SB23.13572
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. BECERRA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement contribution

Candidate Name BECERRA FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.13595
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial) SANFORD D JR. BISHOP Mailing Address 1909 Devon Drive City Albany State GA Zip Code 31707 Purpose of Disbursement contribution Candidate Name SANFORD D JR. BISHOP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13586 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) G K BUTTERFIELD Mailing Address 2407 BEL AIR AVENUE PO BOX 2571 City WILSON State NC Zip Code 27893 Purpose of Disbursement contribution Candidate Name G K BUTTERFIELD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13636 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ANDRE CARSON Mailing Address P.O. Box 1863 City Indianapolis State IN Zip Code 46206 Purpose of Disbursement contribution Candidate Name ANDRE CARSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13591 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) A.B. III CHANDLER Mailing Address P. O. Box 12678 City Lexington State KY Zip Code 40583 Purpose of Disbursement contribution Candidate Name A.B. III CHANDLER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13637 Date of Disbursement 11 / 09 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/Type
B.	Full Name (Last, First, Middle Initial) TRAVIS W CHILDERS Mailing Address 201 HIDDEN HILLS City BOONEVILLE State MS Zip Code 38829 Purpose of Disbursement contribution Candidate Name TRAVIS W CHILDERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13598 Date of Disbursement 11 / 03 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/Type
C.	Full Name (Last, First, Middle Initial) JAMES E CLYBURN Mailing Address 501 Juniper Street City Columbia State SC Zip Code 29203 Purpose of Disbursement contribution Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13587 Date of Disbursement 11 / 02 / 2010 Amount of Each Disbursement this Period 5000.00 011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	9000.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial) CONGRESSIONAL TRUST 2010 <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement contribution Candidate Name CONGRESSIONAL TRUST 2010 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13575 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HENRY R CUELLAR <hr/> Mailing Address 1519 Washington Street 2nd Floor Suite 200 <hr/> City LAREDO State TX Zip Code 78042 <hr/> Purpose of Disbursement contribution Candidate Name Henry Cuellar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13579 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Mailing Address 120 MARYLAND AVENUE NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB23.13580 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial) STEVEN LEO DRIEHAUS Mailing Address 1018 BENZ AVE City CINCINNATI State OH Zip Code 45238 Purpose of Disbursement contribution Candidate Name STEVEN LEO DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13633 Date of Disbursement 11 / 05 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement contribution Candidate Name HOYER FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13585 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARY JO KILROY Mailing Address P.O. Box 2582 City Columbus State OH Zip Code 43216 Purpose of Disbursement contribution Candidate Name MARY JO KILROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13630 Date of Disbursement 11 / 04 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) LARRY KISSELL	Transaction ID: SB23.13592 Date of Disbursement 11 / 02 / 2010
	Mailing Address 153 KISSELL DRIVE	Amount of Each Disbursement this Period 1500.00
	City BISCOE State NC Zip Code 27209	
	Purpose of Disbursement contribution Candidate Name LARRY KISSELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) FRANK M MR. JR KRATOVIL	Transaction ID: SB23.13599 Date of Disbursement 11 / 03 / 2010
	Mailing Address 222 Main Sail PO Box 518	Amount of Each Disbursement this Period 1500.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement contribution Candidate Name FRANK M MR. JR KRATOVIL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) SHEILA JACKSON LEE	Transaction ID: SB23.13590 Date of Disbursement 11 / 02 / 2010
	Mailing Address 4412 ALMEDA	Amount of Each Disbursement this Period 5000.00
	City HOUSTON State TX Zip Code 77004	
	Purpose of Disbursement contribution Candidate Name SHEILA JACKSON LEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 <hr/> Purpose of Disbursement contribution Candidate Name LEVIN FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13596 Date of Disbursement 11 / 03 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAEL E. MR. MCMAHON <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement contribution Candidate Name MICHAEL E. MR. MCMAHON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13634 Date of Disbursement 11 / 08 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GRACE NAPOLITANO <hr/> Mailing Address 12946 E. Belcher St. <hr/> City Norwalk State CA Zip Code 90650 <hr/> Purpose of Disbursement contribution Candidate Name GRACE NAPOLITANO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13639 Date of Disbursement 11 / 15 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.13576
	Mailing Address 320 FIRST STREET SE	Date of Disbursement 10 / 21 / 2010
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WILLIAM OWENS	Transaction ID: SB23.13600
	Mailing Address 42 Blue Heron Way	Date of Disbursement 11 / 03 / 2010
	City Plattsburgh State NY Zip Code 12901	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name WILLIAM OWENS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)	Transaction ID: SB23.13577
	Mailing Address 7804 EVENING LANE	Date of Disbursement 10 / 21 / 2010
	City ALEXANDRIA State VA Zip Code 22306	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	21000.00
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"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement contribution

Candidate Name
PETE SESSIONS FOR CONGRESS

Office Sought: House
 Senate
 President

State: TX District: 32

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13578
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CHARLES B RANGEL

Mailing Address 193 LENOX AVENUE

City NEW YORK State NY Zip Code 10026

Purpose of Disbursement contribution

Candidate Name
CHARLES B RANGEL

Office Sought: House
 Senate
 President

State: NY District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13635
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
SILVESTRE REYES

Mailing Address 732 Azalea

City El Paso State TX Zip Code 79922

Purpose of Disbursement contribution

Candidate Name
SILVESTRE REYES

Office Sought: House
 Senate
 President

State: TX District: 16

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13593
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) MARCO RUBIO	Transaction ID: SB23.13574 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2030 SOUTH DOUGLAS ROAD	Amount of Each Disbursement this Period 5000.00
	City CORAL GABLES State FL Zip Code 33134	
	Purpose of Disbursement contribution Candidate Name MARCO RUBIO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MARCO RUBIO	Transaction ID: SB23.13582 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2030 SOUTH DOUGLAS ROAD	Amount of Each Disbursement this Period 5000.00
	City CORAL GABLES State FL Zip Code 33134	
	Purpose of Disbursement contribution Candidate Name MARCO RUBIO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) LORETTA SANCHEZ	Transaction ID: SB23.13588 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1212 S. Victory Blvd.	Amount of Each Disbursement this Period 5000.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement contribution Candidate Name LORETTA SANCHEZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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.	Full Name (Last, First, Middle Initial) JOHN MCKEE JR HON SPRATT	Transaction ID: SB23.13632 Date of Disbursement 11 / 05 / 2010
	Mailing Address 233 KINGS MOUNTAIN ST	Amount of Each Disbursement this Period 2500.00
	City YORK State SC Zip Code 29745	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name JOHN MCKEE JR HON SPRATT	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) GENE MR. TAYLOR	Transaction ID: SB23.13583 Date of Disbursement 11 / 01 / 2010
	Mailing Address 814 N. Beach Blvd.	Amount of Each Disbursement this Period 1000.00
	City Bay St.Louis State MS Zip Code 39520	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name GENE MR. TAYLOR	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) HARRY TEAGUE	Transaction ID: SB23.13584 Date of Disbursement 11 / 01 / 2010
	Mailing Address 819 EAST PINON	Amount of Each Disbursement this Period 2500.00
	City HOBBS State NM Zip Code 88240	011 Category/ Type
	Purpose of Disbursement contribution Candidate Name HARRY TEAGUE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)

PAGE 146 / 148

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Full Name (Last, First, Middle Initial) BENNIE G. THOMPSON <hr/> Mailing Address P.O. Box 100 <hr/> City Bolton State MS Zip Code 39041 <hr/> Purpose of Disbursement contribution Candidate Name BENNIE G. THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13597 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	3	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	1	/	0	3	/	2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					
B. Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN <hr/> Mailing Address 10537 St. Paul Street <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement contribution Candidate Name CHRIS VAN HOLLEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13631 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	1	/	0	4	/	2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					
C. Full Name (Last, First, Middle Initial) NYDIA M. VELAZQUEZ <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement contribution Candidate Name NYDIA M. VELAZQUEZ <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13589 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	2	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y											
	1	1	/	0	2	/	2	0	1	0											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>11000.00</td> </tr> </table>	11000.00
11000.00		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td>162500.00</td> </tr> </table>	162500.00
162500.00		

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 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 <input type="text" value="900.00"/>		Transaction ID: SD10.9553	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="900.00"/>		Transaction ID: SD10.10053	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="900.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1800.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="1800.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1800.00"/>

A. Form/Schedule : **SD10**
Transaction ID : **SD10.9553**

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

B. Form/Schedule : **SD10**
Transaction ID : **SD10.10053**

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