



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		1005502.08
(b) Cash on Hand at Beginning of Reporting Period.....	1005502.08	
(c) Total Receipts (from Line 19) .....	120580.96	120580.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1126083.04	1126083.04
7. Total Disbursements (from Line 31).....	43819.94	43819.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1082263.10	1082263.10
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1800.00	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: 01 / 01 / 2020 To: 03 / 31 / 2020

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).....	94465.00	94465.00
(ii) Unitemized .....	26115.96	26115.96
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	120580.96	120580.96
(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) .....	120580.96	120580.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	120580.96	120580.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	120580.96	120580.96

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	8819.94	8819.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8819.94	8819.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	30000.00	30000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43819.94	43819.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43819.94	43819.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	120580.96	120580.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120580.96	120580.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8819.94	8819.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8819.94	8819.94

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 125
<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. Abreu, Charity, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 heritage lane  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49600**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Abreu, Charity, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 heritage lane  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49601**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Abreu, Charity, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 heritage lane  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49602**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Abreu, Ricardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200  
 E. Xenops  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49604**  
 Amount of Each Receipt this Period 150.00  
 Memo Item contribution

**B. Abreu, Ricardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200  
 E. Xenops  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49605**  
 Amount of Each Receipt this Period 150.00  
 Memo Item contribution

**C. Abreu, Ruben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 augusta square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49606**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Abreu, Ruben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 augusta square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49607**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Abreu, Ruben, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 augusta square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Aguilera, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 North Cage  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.49609**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 125
<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. Aguilera, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 North Cage  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.49610**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Aguilera, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 807 North Cage  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49611**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Alleyn, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5505 N. 4th  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49615**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Alleyn, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5505 N. 4th  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49616**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Alleyn, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5505 N. 4th  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49617**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Alleyn, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8330 North Shary Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49618**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Alleyn, Robert, , Dr.,</b>		Date of Receipt
Mailing Address 8330 North Shary Road		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2020"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49619</b>
Name of Employer (for Individual) self-employee		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Alleyn, Robert, , Dr.,</b>		Date of Receipt
Mailing Address 8330 North Shary Road		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49620</b>
Name of Employer (for Individual) self-employee		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Almedia, Hillary, , Dr.,</b>		Date of Receipt
Mailing Address 900 E. Vermont		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49623</b>
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period
Occupation (for Individual) physician		<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="575.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Amyx, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 Mynah  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49624**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Amyx, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 Mynah  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49625**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Amyx, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 Mynah  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49626**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Apolinario, Jumar, B., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2805 Santa Erica  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49629**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item contribution

**B. Arias-Viaud, Julio, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 Santa Paula  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49641**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item contribution

**C. Asase, Danilo, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5216 Kensington Lane  
 City Brownsville State TX Zip Code 78526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49644**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Assitores, Marilyn, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2222 La Condesa Drive  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49647**  
 Amount of Each Receipt this Period 75.00  
 Memo Item contribution

**B. Avila, Felipe, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49651**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Avila, Felipe, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.49652**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Avila, Felipe, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49653**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Ayers, Roberto, A., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1900 S. Jackson #7  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49659**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Badiga, Murphy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1503 S. Airport suite 6  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49660**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line 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 OF 125  
(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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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. Badiga, Murphy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1503 S. Airport suite 6

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49661**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

Mailing Address 1503 S. Airport suite 6

City weslaco	State TX	Zip Code 78596
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49662**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

Mailing Address 3000 Yellowhammer

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49664**

Amount of Each Receipt this Period  
125.00

Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

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

Mailing Address 3000 Yellowhammer

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49665**

Amount of Each Receipt this Period  
125.00

Memo Item contribution

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

Mailing Address 420 Frio

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49666**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

Mailing Address 420 Frio

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49667**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Barrera, Ricardo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Frio  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49668**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Behara, Sebrahmanyam, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49672**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Behara, Sebrahmanyam, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49673**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Behara, Sebrahmanyam, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49674**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Bernini, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 Santa Ana  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49675**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Bernini, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 Santa Ana  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49676**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Bernini, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2804 Santa Ana  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49677**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Bose, Sarojini, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7007 N 1st Lane  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49678**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Bose, Sarojini, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7007 N 1st Lane  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49679**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Bose, Sarojini, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7007 N 1st Lane  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49680**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49681**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Bracamontes, Francisco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 Cimarron Court  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.49682**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Bracamontes, Francisco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2005 Cimarron Court  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49683**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Cantu, Alonzo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 2673  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49693**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Cantu, Alonzo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 2673  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49694**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cantu, Alonzo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 2673  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49695**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Caporusso, Joseph, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 217 E. Yellowhammer  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49710**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Cardenas, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 N. Taylor Road  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49711**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Cardenas, Carlos, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. Taylor Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

**Transaction ID : SA11AI.49712**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Cardenas, Carlos, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 N. Taylor Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49713**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Carreras, Jose, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 E. Griffin Parkway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.49714**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Carreras, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 E. Griffin Parkway  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49715**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Carreras, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 E. Griffin Parkway  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49716**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Castrillon, Augusto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49720**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Castrillon, Augusto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49721**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Castrillon, Augusto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49722**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Cooper-Dockery, Donna, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Solera Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49727**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Cooper-Dockery, Donna, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2301 Solera Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49728**

Amount of Each Receipt this Period  
125.00

Memo Item contribution

**B. Cortez, Oscar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4101 South Burns Drive

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49734**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**C. Cortinas, Javier, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 Northgate

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.49741**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Cortinas, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 Northgate  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49742**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Cortinas, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 Northgate  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49743**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Deanda, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Dorado  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49750**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Deanda, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Dorado  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49751**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Deanda, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2408 Dorado  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49752**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Delgado, Luis, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 N. 10th  
 City Mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49763**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Delgado, Luis, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5128 N. 10th  
 City Mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49764**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**B. Desai, Parul, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7004 North 1st  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49767**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Duran, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Palazzo  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49777**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Duran, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Palazzo  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49778**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Duran, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Palazzo  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49779**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Esparza, Antonio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 W. Yucca  
 City mcallent State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49780**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Esparza, Antonio, , ,</b>		Date of Receipt
Mailing Address 136 W. Yucca		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2020"/>
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49781</b>
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Esparza, Antonio, , ,</b>		Date of Receipt
Mailing Address 136 W. Yucca		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49782</b>
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Falcon, Antonio, , ,</b>		Date of Receipt
Mailing Address 2768 Pharmacy Road		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City rio grande city	State TX	Zip Code 78582
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.49788</b>
Name of Employer (for Individual) self-employed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Falcon, Maria Elena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Westway  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.49789**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Falcon, Maria Elena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Westway  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49790**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Falcon, Maria Elena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 Westway  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49791**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Feigl, Alexander, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49792**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

**B. Feigl, Alexander, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49793**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

**C. Feigl, Alexander, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 E. Savannah #101

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49794**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Flores, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Primrose  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49795**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Flores, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Primrose  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49796**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Flores, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Primrose  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49797**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Galindo, Eugenio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5936 N. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49807**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Galindo, Eugenio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5936 N. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49808**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Galindo, Eugenio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5936 N. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49809**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Garcia, Elvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Santa Teresa  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49810**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Garcia, Elvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Santa Teresa  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.49811**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Garcia, Elvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 Santa Teresa  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 20 / 2020  
**Transaction ID : SA11AI.49812**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Garcia, Hiram, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2712 E Mile 5 Road  
 City Mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49813**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Garcia, Hiram, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2712 E Mile 5 Road  
 City Mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49814**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Garcia, Hiram, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2712 E Mile 5 Road  
 City Mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49815**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Garcia, Oscar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49819**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Garcia, Oscar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49820**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Garcia, Oscar, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1717 Palazzo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49821**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

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

Mailing Address 6108 North 5th Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49827**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**B. Garcia, Samuel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E. Guardia

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49830**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**C. Garcia-Cantu, Carlos, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4121 N. 10th #240

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.49833**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line 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 41 OF 125  
(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. Garcia-Cantu, Carlos, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4121 N. 10th #240  
 City Mcallen   State TX   Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed   Occupation (for Individual) physician  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.49834**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Garcia-Cantu, Carlos, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4121 N. 10th #240  
 City Mcallen   State TX   Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed   Occupation (for Individual) physician  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.49835**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Garza, James, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 Lakeshore Drive  
 City Edinburg   State TX   Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed   Occupation (for Individual) physician  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.49842**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Garza, James, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

**Transaction ID : SA11AI.49843**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Garza, James, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Lakeshore Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.49844**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Garza, Rene, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5404 N. 1st street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.49848**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Garza, Rene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5404 N. 1st street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49849**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Garza, Rene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5404 N. 1st street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49850**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Garza-Tamez, Jesus, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 W. Gardenia  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49856**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gelman, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.49857**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Gelman, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49858**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Gelman, Lawrence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49859**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gillett, Richard, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 South 10th  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49865**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Giraldo, Alvaro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 W. Flamingo  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49867**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**C. Giraldo, Alvaro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 W. Flamingo  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49868**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Gomez, Juan Pablo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49873**

Amount of Each Receipt this Period  
200.00

Memo Item contribution

**B. Gomez, Juan Pablo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Canary

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49874**

Amount of Each Receipt this Period  
200.00

Memo Item contribution

**C. Gonzalez, Jaime, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3511 Plazas del Lago

City edinburg	State TX	Zip Code 78539
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49893**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line 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 OF 125
	(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. Gonzalez, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3511 Plazas del Lago  
 City edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49894**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Gonzalez, Jaime, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3511 Plazas del Lago  
 City edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49895**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Gordon, Verley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Gordon, Verley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49900**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Gordon, Verley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49901**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Griego, Enrique, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Inspiratin Drive  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49902**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Griego, Enrique, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Inspiratin Drive  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49903**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Griego, Enrique, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 Inspiratin Drive  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49904**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Guerra, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13337 Borolo Drive  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49911**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Guerra, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13337 Borolo Drive  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49912**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Guerra, Marcy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13337 Borolo Drive  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49913**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Gutierrez, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6020 Wisconsin  
 City edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49917**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (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 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gutierrez, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6020 Wisconsin  
 City edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49918**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Gutierrez, Alberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6020 Wisconsin  
 City edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49919**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Gutierrez, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 N. Depot Road  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49920**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gutierrez, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 N. Depot Road  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49921**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Gutierrez, Marco, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 N. Depot Road  
 City edinburg State TX Zip Code 78541  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49922**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Gutierrez, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Lindberg  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49923**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gutierrez, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Lindberg  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49924**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Gutierrez, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 Lindberg  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49925**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Haddad, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4008 Burns Drive South  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49935**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line 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 OF 125  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City mcallen    State TX    Zip Code 78503

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49936**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Haddad, Victor, , ,

Mailing Address 4008 Burns Drive South

City mcallen    State TX    Zip Code 78503

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49937**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hernandez, Ambrosio, , ,

Mailing Address 2000 Dana

City Pharr    State TX    Zip Code 78577

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49947**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Hernandez, Ambrosio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Dana  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49948**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Hernandez, Ambrosio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Dana  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49949**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Hernandez, Maximiliano, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.49955**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Hernandez, Maximiliano, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City mcallen State TX Zip Code 78503

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020

**Transaction ID : SA11AI.49956**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

**B. Hernandez, Maximiliano, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 301 Byron Nelson Drive  
#40 Villas Jardin

City mcallen State TX Zip Code 78503

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020

**Transaction ID : SA11AI.49957**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

**C. Hoffman, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 802 Inspiration Road

City pharr State TX Zip Code 78577

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020

**Transaction ID : SA11AI.49958**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Hoffman, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 Inspiration Road  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49959**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Hoffman, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 Inspiration Road  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49960**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Honrubia, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Rio Grande  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49964**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Honrubia, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Rio Grande  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49965**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Honrubia, Vincent, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 Rio Grande  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49966**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Husain, Syed, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7020 N. 1st  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49969**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Iglesias, Norma, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49970**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Iglesias, Norma, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49971**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Iglesias, Norma, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49972**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Igoa, Jose, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.49973**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Igoa, Jose, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.49974**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Igoa, Jose, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3716 S 'J' Street

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.49975**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Jinez-Flores, Danielle, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4212 Lebanon  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49986**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**B. Jinez-Flores, Danielle, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4212 Lebanon  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49987**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**C. Kalaf, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 N. 8th Street  
 City mcAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.49994**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contributon

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kalaf, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 N. 8th Street  
 City mcAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.49995**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contributor

**B. Kalaf, Nelson, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 N. 8th Street  
 City mcAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.49996**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contributor

**C. Kanhere, Gauri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.49997**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Kanhere, Gauri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.49998**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Kanhere, Gauri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.49999**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Kaplan, Adolfo, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7902 N. 2th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50001**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line 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 OF 125
	(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. Kaplan, Adolfo, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7902 N. 2th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50002**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**B. Kiani, Gholam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 e. Xenops  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50009**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Kiani, Gholam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 e. Xenops  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50010**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Kiani, Gholam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 e. Xenops  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50011**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Klenz, Mary Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5111 N. 10th Street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50016**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item contribution

**C. Klenz, Mary Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5111 N. 10th Street  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50017**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line 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 OF 125
	(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. Ledesma, Raul, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5508 N. 1st Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50026**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Linebarger, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 West 9th Street #405  
 City austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.50042**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Linebarger, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 West 9th Street #405  
 City austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50043**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Linebarger, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 West 9th Street #405  
 City austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50044**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Linsangan, Linette, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E. Yellowhammer  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50047**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Loja, Wilmer, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 E. Yellowhammer  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50059**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line 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 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lopez, Alfredo, , ,</b>			Date of Receipt
Mailing Address 7609 N. 24th Circle			<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City mcallen	State TX	Zip Code 78504	<b>Transaction ID : SA11AI.50065</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mangi, Salil, , ,</b>			Date of Receipt
Mailing Address 3801 Sundown Court East			<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2020"/>
City mcallen	State TX	Zip Code 78503	<b>Transaction ID : SA11AI.50075</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mangi, Salil, , ,</b>			Date of Receipt
Mailing Address 3801 Sundown Court East			<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2020"/>
City mcallen	State TX	Zip Code 78503	<b>Transaction ID : SA11AI.50076</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician	<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Mangi, Salil, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 Sundown Court East  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50077**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Mangoo-Karim, Roberto, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3817 Sundown Ct  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.50079**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

**c. Mangoo-Karim, Roberto, M., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3817 Sundown Ct  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50080**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Manrique, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50081**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Manrique, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50082**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Manrique, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 Cardinal  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50083**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Marquez, Guillermo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 Trinity Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50084**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Marquez, Guillermo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 Trinity Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50085**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Marquez, Guillermo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1702 Trinity Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50086**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Martinez, Robert, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 Santa Lydia  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50089**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Mata, Nelson, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1705 Palazzo  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50095**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Medina, Bertha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 1 1/2 Street  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50105**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Medina, Bertha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 1 1/2 Street  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50106**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Medina, Bertha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 1 1/2 Street  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50107**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**c. Mego, Carlos, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 McColl Circle  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50111**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Mego, Carlos, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 McColl Circle  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50112**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Mego, Carlos, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 McColl Circle  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50113**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Mehkri, Intiaz, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7120 Ware Road  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50116**  
 Amount of Each Receipt this Period 90.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	890.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mercado, Manuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Santa Susana  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50123**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Mercado, Manuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Santa Susana  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50124**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Mercado, Manuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3002 Santa Susana  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50125**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Milano, Emil, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. Cornell

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50131**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**B. Mohamed, Carlos, N, , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 Michael Angelo

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50137**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**C. Mohamed, Samira, T., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 Heron

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

**Transaction ID : SA11AI.50139**

Amount of Each Receipt this Period  
135.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Mohamed, Samira, T., Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 324 Heron  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50140**  
 Amount of Each Receipt this Period 135.00  
 Memo Item contribution

**B. Mohme, Ruben, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7309 N. 4th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50143**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Moncada, Armando, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 North 2nd Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50144**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Moncada, Armando, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 North 2nd Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50145**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Moncada, Armando, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 North 2nd Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50146**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Morales, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 Kent Lane  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.50150**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Morales, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 Kent Lane  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50151**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Morales, Carlos, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 Kent Lane  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50152**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Moreno, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50156**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line 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 80 OF 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Moreno, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50157**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Moreno, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50158**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**c. O'Callaghan, William, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 NE Augusta Square  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50170**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line 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 81 OF 125 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Ochoa, Ricardo, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2421 N. 'J' Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.50176**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**B. Ogunlana, Victor, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2604 Santa Teresa

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.50179**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**C. Oliveira, Noel, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9917 Bentsen Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.50185**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Orfanos, Athanaji, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3013 Lakeshore Drive  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50188**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Otero, Fernando, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 E. Quamasia #148  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.50198**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Otero, Fernando, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 E. Quamasia #148  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.50199**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Otero, Fernando, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 E. Quamasia #148  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50200**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Owen, Kip, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2305 Red River  
 City mcallen State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50203**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item contribution

**C. Palimar, Prakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Canary  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50210**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Palimar, Prakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Canary  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50211**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Palimar, Prakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Canary  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50212**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Pathak, Umesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 Alexander Drive  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50215**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Pean, Harold, J., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 Brazos

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.50218**

Amount of Each Receipt this Period  
100.00

Memo Item contribution

**B. Pechero, Guillermo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2312 La Condesa

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.50219**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Pechero, Guillermo, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2312 La Condesa

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.50220**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Pechero, Guillermo, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2312 La Condesa  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50221**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Pena, Diamantina, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Tulip  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50225**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Pena, Diamantina, , Ms,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Tulip  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50226**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Pena, Diamantina, , Ms,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 Tulip

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50228**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Pena, Jose, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Bluebird

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.50229**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Pena, Jose, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Bluebird

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

**Transaction ID : SA11AI.50230**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line 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 OF 125
	(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. Pena, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Bluebird  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50231**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Pena, Raul, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 San Clemente  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50233**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

**C. Pena, Raul, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 San Clemente  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50234**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Penalo, Pedro, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 S. Bridge  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50236**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**B. Penalo, Pedro, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 S. Bridge  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50237**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**C. Pereira, Nicholas, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7005 North Cynthia  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50240**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Perez, Florencia, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 Victoria  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50246**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Pierson, Claudia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50250**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Pierson, Claudia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50251**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Pierson, Claudia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50252**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Preciado, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 E. Bluebird  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50256**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Preciado, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 E. Bluebird  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50257**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Preciado, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 E. Bluebird  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50258**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Ramirez, Ernesto, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 720298  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50276**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item contribution

**C. Ramirez, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50280**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ramirez, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50281**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Ramirez, Sergio, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 Woods Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50282**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Reddy, Vangala, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Tulip  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50293**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Reddy, Vangala, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 605 Tulip  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50294**  
 Amount of Each Receipt this Period 200.00  
 Memo Item contribution

**B. Restrepo, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 S. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50298**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Restrepo, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 S. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50299**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Restrepo, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 S. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50300**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Ringheanu, Mihaela, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3214 Banyan Circle  
 City Harlingen State TX Zip Code 78550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50302**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

**C. Ringheanu, Mihaela, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3214 Banyan Circle  
 City Harlingen State TX Zip Code 78550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50303**  
 Amount of Each Receipt this Period 125.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Rivas, Homero, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Houston  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50304**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Rivas, Homero, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Houston  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50305**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Rivas, Homero, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Houston  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50306**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Robalino, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50307**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Robalino, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50308**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Robalino, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50309**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Ruiz, Henry, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 W. Pelician

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2020

**Transaction ID : SA11AI.50328**

Amount of Each Receipt this Period  
150.00

Memo Item contribution

**B. Ruiz, Henry, E., Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 W. Pelician

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50329**

Amount of Each Receipt this Period  
150.00

Memo Item contribution

**C. Saenz, Javier, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2308 Monaco Drive

City mission	State TX	Zip Code 78574
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) selfemployed	Occupation (for Individual) physician
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2020

**Transaction ID : SA11AI.50333**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Saenz, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2308 Monaco Drive  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50334**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**B. Saenz, Javier, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2308 Monaco Drive  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50335**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

**C. Saenz, JJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50339**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Saenz, JJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.50340**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Saenz, JJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50341**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Safir, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 S. 2nd suite 10  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.50342**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Safir, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 S. 2nd suite 10  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50343**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Safir, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 S. 2nd suite 10  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50344**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Salazar, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.50345**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Salazar, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50346**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Salazar, Juan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50347**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Salinas, Mariano, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 Red River  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50353**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 125		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Serna, Samuel, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 E. Cornell  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50371**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Shuaib, Tawhid, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Burns Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50375**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Shuaib, Tawhid, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Burns Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50376**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Shuaib, Tawhid, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Burns Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50377**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Slavin, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1501 S. Oklahoma  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50386**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Solis, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 E. Avocet  
 City Mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50391**  
 Amount of Each Receipt this Period 150.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Solis, Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 E. Avocet  
 City Mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50392**  
 Amount of Each Receipt this Period 150.00  
 Memo Item contribution

**B. Soto, Hector, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 South Greenbriar  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50393**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Soto, Hector, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 South Greenbriar  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employee Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50394**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Soto, Hector, , Dr.,</b>		Date of Receipt
Mailing Address 101 South Greenbriar		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.50395</b>
Name of Employer (for Individual) self-employee		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Swarup, Jyothi, , Dr.,</b>		Date of Receipt
Mailing Address 8109 N. 1st Street		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2020"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.50404</b>
Name of Employer (for Individual) selfemployed		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tey, Alejandro, , ,</b>		Date of Receipt
Mailing Address 3012 Laurie Lane		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2020"/>
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.50411</b>
Name of Employer (for Individual) Self employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) physician		<input type="checkbox"/> Memo Item contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Tey, Alejandro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3012 Laurie Lane  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 20 / 2020**  
**Transaction ID : SA11AI.50412**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Tey, Alejandro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3012 Laurie Lane  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **03 / 13 / 2020**  
**Transaction ID : SA11AI.50413**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Trejo, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 S. Broadway  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 17 / 2020**  
**Transaction ID : SA11AI.50420**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Trejo, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 S. Broadway  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50421**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Trejo, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 S. Broadway  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50422**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Turlapati, Krishna, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9123 1st Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50425**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Turley, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 17 / 2020 <b>Transaction ID : SA11AI.50426</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Turley, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2020 <b>Transaction ID : SA11AI.50427</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Turley, Susan, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2020 <b>Transaction ID : SA11AI.50428</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item contribution
Name of Employer (for Individual) self-employed	Occupation (for Individual) physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Twahirwa, Marcel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50429**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Twahirwa, Marcel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50430**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Twahirwa, Marcel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 El Encino Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50431**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Valladares, Theresa, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2302 Red River Drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50437**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Vasquez, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.50438**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Vasquez, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.50439**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Vasquez, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50440**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**B. Vela, Efraim, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Ridge Road #B  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50447**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

**C. Vela, Efraim, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 E. Ridge Road #B  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50448**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Vela, Efraim, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 E. Ridge Road #B

City McAllen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50449**

Amount of Each Receipt this Period  
250.00

Memo Item contribution

**B. Villalta, Carlos, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P. O. Box 1632

City mission	State TX	Zip Code 78573
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50461**

Amount of Each Receipt this Period  
90.00

Memo Item contribution

**C. Villarreal, Victor, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 W. Moore

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2020

**Transaction ID : SA11AI.50470**

Amount of Each Receipt this Period  
90.00

Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	430.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Viswamitra, Saroja, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Condor

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2020

**Transaction ID : SA11AI.50471**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**B. Viswamitra, Saroja, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Condor

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2020

**Transaction ID : SA11AI.50472**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

**C. Viswamitra, Saroja, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Condor

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2020

**Transaction ID : SA11AI.50473**

Amount of Each Receipt this Period  
400.00

Memo Item contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

**A. Vitko, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 south 1st  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2020  
**Transaction ID : SA11AI.50474**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**B. Vitko, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 south 1st  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 20 / 2020  
**Transaction ID : SA11AI.50475**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

**C. Vitko, Roger, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 south 1st  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 13 / 2020  
**Transaction ID : SA11AI.50476**  
 Amount of Each Receipt this Period 400.00  
 Memo Item contribution

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

**SCHEDULE A (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 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Walker, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 Shallow apt 4  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2020  
**Transaction ID : SA11AI.50477**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**B. Walker, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 Shallow apt 4  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 20 / 2020  
**Transaction ID : SA11AI.50478**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

**C. Walker, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1117 Shallow apt 4  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50479**  
 Amount of Each Receipt this Period 250.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Wilcox, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Rio Grande  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50485**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**B. Yarra, Subbarao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6905 N. Cynthia  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50503**  
 Amount of Each Receipt this Period 100.00  
 Memo Item contribution

**C. Zayed, Fuad, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 Sweet Lane  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) selfemployed Occupation (for Individual) physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2020  
**Transaction ID : SA11AI.50506**  
 Amount of Each Receipt this Period 75.00  
 Memo Item contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	94465.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. Escamilla, Sandra, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 06 / 2020	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B.50511</b> Amount of Each Disbursement this Period 723.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Escamilla, Sandra, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 01 / 24 / 2020	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B.50512</b> Amount of Each Disbursement this Period 723.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Escamilla, Sandra, , Ms,</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 02 / 14 / 2020	
Mailing Address 1418 Quince			
City McAllen	State TX	Zip Code 78504	
Purpose of Disbursement contract services - salary expenditure		001	FEC Identification Number C
Candidate Name		Category/ Type	Transaction ID : <b>SB21B.50513</b> Amount of Each Disbursement this Period 723.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2171.23

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. Gonzales-Leal, Nicole, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2020	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.50514</b> Amount of Each Disbursement this Period 1444.07	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Gonzales-Leal, Nicole, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2020	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.50515</b> Amount of Each Disbursement this Period 1444.08	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Gonzales-Leal, Nicole, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2020	
Mailing Address 2401 W. Rhin Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.50516</b> Amount of Each Disbursement this Period 1444.08	
City Edinburg	State TX	Zip Code 78539	Category/ Type 001
Purpose of Disbursement contract services - salary expenditures			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4332.23
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2020

Mailing Address 324 25th Street

FEC Identification Number

C [ ]

**Transaction ID : SB21B.50517**

Amount of Each Disbursement this Period

[ ] 1276.78

Memo Item

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

[ ] 001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2020

Mailing Address 324 25th Street

FEC Identification Number

C [ ]

**Transaction ID : SB21B.50518**

Amount of Each Disbursement this Period

[ ] 1024.62

Memo Item

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

[ ] 001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 2301.40

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

[ ] 8804.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial) <b>A. CARDENAS, TONY, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2020
Mailing Address 13173 OSBORNE STREET		FEC Identification Number C H2CA28113 <b>Transaction ID : SB23.50524</b>
City PACOMIA	State CA	Zip Code 91331
Purpose of Disbursement contribution		Category/ Type 011
Candidate Name <b>CARDENAS, TONY, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 29	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

Full Name (Last, First, Middle Initial)

**A. Valley Alliance of Mentors for Opportunities**

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement donation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.50523**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 125
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**BORDER HEALTH FEDERAL PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>		Nature of Debt (Purpose): rental space	
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 78502	

Outstanding Balance Beginning This Period 900.00		Transaction ID : SD10.9553	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>		Nature of Debt (Purpose): rental space	
Mailing Address PO Box 2673			
City McAllen	State TX	Zip Code 78502	

Outstanding Balance Beginning This Period 900.00		Transaction ID : SD10.10053	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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