FEC FORM 3X

04/13/2020 16 : 39

PAGE 1 / 125

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Use Or	ily				
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼		mple: If typir the lines.	ng, type	12FE4M	5					
BORDER HEALTH FEDERAL PAC											
							<b>.</b>				
6	12 W. Nolana Suite 3	40									
ADDRESS (number and street)											
Check if different than previously reported. (ACC)	//cAllen				TX	78504					
2. FEC IDENTIFICATION NUMB	ER <b>V</b>	CITY <b>▲</b>		S		ZIP	CODE 🔺				
C C00415752		3. IS THIS REPORT	~	JEW N) <b>OR</b>	(A)	IENDED					
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)				
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)				
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)				
Quarterly Report (Q1)	(c) 12-Day		Primary (12P	')	General	(12G)	Runoff (12R)				
Quarterly Report (Q2) October 15	PRE-Electio Report for th		Convention (	12C)	Special (	12S)					
Quarterly Report (Q3)			M M /	DD/	Y Y Y Y	in t	he				
January 31 Year-End Report (YE)	E	lection on	L.				te of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Electi Report for tl		General (300	à)	Runoff (3	30R)	Special (30S)				
Termination Report (TER)		Election on	M M /	D D /	Y = Y = Y = Y	in t Sta	he te of				
5. Covering Period 01		020	through	03	/ D D / 31_	2020	Y				
I certify that I have examined this R	eport and to the be Perez, Ernie, , ,	est of my know	vledge and b	pelief it is true	e, correct and	d complete.					
Type or Print Name of Treasurer	,										
Signature of Treasurer	iie, , ,		[Electronically	Filed] Da	ate 04	/ D D 13	/ Y Y Y Y 2020				
NOTE: Submission of false, erroneous	, or incomplete inform	mation may su	bject the pers	son signing thi	is Report to th	ne penalties of	52 U.S.C. § 30109				
Office Use Only							<b>DRM 3X</b> 05/2016				

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
١	Write or Type Committee Name		
_	BORDER HEALTH FEDERAL PAC		
F	Report Covering the Period: From:	To:	M         M         /         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020	[	1005502.08
	(b) Cash on Hand at Beginning of Reporting Period	1005502.08	
	(c) Total Receipts (from Line 19)	120580.96	120580.96
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	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	<ul> <li>Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ul>	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

Imaga#	202004	12021	6660982
iiiiaue#	202004	13921	0000902

# DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:	/ 01 / 2020 To	b: 03 / D D / Y Y Y Y 31 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	94465.00	94465.00
(i) iternized (use Schedule A)		
(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	100500.00	400500.00
Totals to Line 33, page 5)▶	120580.96	120580.96
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	
Г	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
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
	43 43 43	4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	400500.00	120580.96
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	120580.96	1205

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶

120580.96

Page 3

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 8819.94 Expenditures ..... 8819.94 (c) Total Operating Expenditures 8819.94 (add 21(a)(i), (a)(ii), and (b)) 8819.94 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 5000.00 and Other Political Committees... 5000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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)

# III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

					120580.96
		-7		-7	45
					0.00
		- <b>J</b>	1	- <b>J</b> -	
					120580.96
		-	1	-	
					8819.94
	1	-7	1	-7	
			1		0.00
1.00		-7	1	-7	
					8819.94
	1	-7-	1	-7-	

120580.96 0.00 120580.96 8819.94 0.00 8819.94

# Page 5

# COLUMN B Calendar Year-to-Date

COLUMN A Total This Period

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

FOR LINE NUMBER:

PAGE 6 OF

177			Use separate schedule(s)	(check only one)										
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>४</b> 11a ☐ 11b ☐ 11c ☐ 12										
			Bolanda Gammary 1 ago	13 14 15 16 17										
				person for the purpose of soliciting contributions to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full)													
	BORDER HEALTH FEDERAL I	PAC												
Α.	Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1619 hertiage lane			01 17 2020										
	City	State	Zip Code	Transaction ID : SA11AI.49600										
	mission	TX	78572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual)		upation (for Individual)	Memo Item										
	self-employee Receipt For:		sician	contribution										
	Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify) V		250.00											
в.	Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 1619 hertiage lane			02 20 2020										
	City	State	Zip Code	Transaction ID : SA11AI.49601										
	mission	ТХ	78572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		250.00										
	Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item contribution										
	Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼														
			500.00	]										
	Under (specify) ▼ Full Name of Individual (Last, First, Middle Ini	tial) or Full O		Date of Receipt										
С.	Other (specify) <b>v</b>	tial) or Full O		Date of Receipt										
C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , ,	tial) or Full O		M 3         /         D D         /         Y Y Y Y         Y           03         13         2020         Transaction ID : SA11AI.49602										
 C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , , Mailing Address 1619 hertiage Iane City	State	Zip Code	03 / D / Y Y Y Y 03 2020										
 C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , , Mailing Address 1619 hertiage Iane City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State TX C	Zip Code 78572	Model       /       D       /       Y										
 C.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , , Mailing Address 1619 hertiage Iane City mission FEC ID number of contributing federal political committee.	State TX C	Zip Code 78572	Mm       /       D       /       Y										
 c.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Ini Abreu, Charity, , , Mailing Address 1619 hertiage Iane City mission FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee	State TX C	Zip Code 78572	Mm       /       D       /       Y										

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

PAGE 7

OF

125

•••			[	Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17							
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	for commercial purposes, other than using the r																		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P.	۸ <b>C</b>																	
$\bigvee$	BORDER HEALTH FEDERAL P	AC																	
	Full Name of Individual (Last, First, Middle Initia	al) or Full	Orga	nization Name															
Α.	Abreu, Ricardo, , , Mailing Address 200				-	Date of	Re	·											
	E. Xenops					м м 02	1	20	/ Y	20	020	Y							
	City	State		Zip Code		Trans	acti	on ID :	SA11AI.4	196	04								
	McAllen	TX		78504		Amount	of	Each R	eceipt thi	s P	eriod								
	FEC ID number of contributing federal political committee.	С			150.00														
	Name of Employer (for Individual)			tion (for Individual)	Memo Item														
	Self employed Receipt For:		nysicia		C	ontributi	ion												
	Primary General	Aggregat	te Yea	ur-to-Date ▼															
	Other (specify) V		-	300.00															
B B	Full Name of Individual (Last, First, Middle Initia Abreu, Ricardo, , ,	al) or Full	Orgai	nization Name		Date of	Re	ceint											
υ.	Mailing Address 200					M M	/		/ Y	Y	Y	Y							
	E. Xenops			1		03 13 2020													
	City	State Zip C							Transaction ID : SA11AI.49605										
	McAllen	TX 78504								Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				150.00													
	Name of Employer (for Individual) Self employed		ccupat hysicia	tion (for Individual) an	C	Memo Item contribution													
	Receipt For:	Aggregat	te Yea	ur-to-Date ▼															
	Primary General		-																
	Other (specify)	L	,	450.00															
C.	Full Name of Individual (Last, First, Middle Initia Abreu, Ruben, , ,	al) or Full	Orgai	nization Name		Date of	Re	ceipt											
	Mailing Address 104 augusta square					<sup>M</sup> 01	/	D D 17	/ Y		)20 <sup>°</sup>	Y							
	City	State		Zip Code		Trans	acti	on ID :	SA11AI.4	196	06								
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	Name of Employer (for Individual)	Oc	ccupat	ion (for Individual)	$\neg$	Me	emo	Item											
	self-employee		iysicia	· · · · ·	c	ontribut	ion												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

8 OF

125

IT.				se separate schedule(s)	(cł	neck only	/ one)				
11				r each category of the etailed Summary Page		<b>×</b> 11a 13	11b	11c	$\square$	12 16	17
Ar or	y information copied from such Reports and s for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ay no addre:	t be sold or used by any pe ss of any political committee	erson to s	for the	purpose o	f soliciting	g cor h cor	ntributi	ons
	BORDER HEALTH FEDERAL	PAC									
Α.	Full Name of Individual (Last, First, Middle In Abreu, Ruben, , ,	iitial) or Full C	Organ	zation Name		Date of	Receipt				
	Mailing Address 104 augusta square					02	/ D 20			)20	Y
	City mcallen	State TX		Zip Code 78503	_		action ID of Each				
	FEC ID number of contributing federal political committee.	С								250.0	0
	Name of Employer (for Individual) self-employee		upati	on (for Individual) 1		Contribut	emo Item ion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date <b>V</b> 500.00							
в.	Full Name of Individual (Last, First, Middle In Abreu, Ruben, , , Mailing Address 104 augusta square	itial) or Full C	Organ	zation Name	_	Date of	Receipt	D / Y	Y	Y	Y
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	Name of Employer (for Individual) self-employee		upati vsicia	on (for Individual) า		Mo	emo Item ion				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 750.00							
C.	Full Name of Individual (Last, First, Middle In Aguilera, Juan, , ,	iitial) or Full C	Organ	zation Name		Date of	Receipt				
	Mailing Address 807 North Cage					01 <sup>M</sup>	/ D		20	20	Y
	City Pharr	State TX		Zip Code 78577			of Each	-			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 400 Memo Item contribution				400.0	0	
	Name of Employer (for Individual) selfemployed Receipt For:	phys	sician								
	Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 400.00							
s	UBTOTAL of Receipts This Page (optional)			•••••			- 9 - I	5		900.0	0

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SCHEDULE A (FEC Form 3X)	<b>.</b>
ITEMIZED RECEIPTS	fc D

Jse separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

125

••	EMIZED RECEIPTS		Detailed Summary Page		<b>×</b> 11a		11b	11c		12		
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Ar or	y information copied from such Reports an for commercial purposes, other than using	d Statements may the name and ac	y not be sold or used by any p ldress of any political committe	erson e to s	for the	e pi ontr	urpose c ibutions	of soliciting from suc	] co h cc	ntribut mmitt	ions ee.	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC										
Α.	Full Name of Individual (Last, First, Middle Aguilera, Juan, , , Mailing Address 807 North Cage	Initial) or Full Or	ganization Name		Date	M	Receipt			020	Ŷ	
	City	State	Zip Code		Trar	nsad	ction ID	: SA11AI.	496	10		
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	FEC ID number of contributing federal political committee.	С			Ę		7	-	-	400.0	00	
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	selfemployed	phys	ician		contrib	utio	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 800.00	.00								
в.	Full Name of Individual (Last, First, Middle Aguilera, Juan, , , Mailing Address 807 North Cage	Initial) or Full Or	ganization Name		Date	M	Receipt	D / Y		)20	Ŷ	
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	FEC ID number of contributing federal political committee.	C			Ē			Receipt th		400.0	00	
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<u> </u>	Full Name of Individual (Last, First, Middle Alleyn, Michael, , ,	Initial) or Full Or	ganization Name		Date	of F	Receipt					
	Mailing Address 5505 N. 4th				M 01		/ D 17			)20 )	Y	
	City	State	Zip Code		Tra	nsa	ction ID	: SA11AI	.496	15		
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	Name of Employer (for Individual) self-employed		pation (for Individual) e investor		contrib		no Item n					
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s	UBTOTAL of Receipts This Page (optional)	)		 ▶			, ,			1050.0	00	

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

1 1 49° 1 1 49° 1 1 49° 1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 10 OF

125

17			Use separate schedule(s)	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a	11b	11c		12		
	information applied from such Departs				13	14	15		16	17	
	ny information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC									
Α.	Full Name of Individual (Last, First, Middle Init Alleyn, Michael, , ,	ial) or Full O	rganization Name		Date of	Receipt					
	Mailing Address 5505 N. 4th				02		20		20	Y	
	City	State	Zip Code		Trans	action ID	) : SA11A	1.4961	6		
	mcallen	ТХ	78501	_	Amount	of Each	Receipt 1	this Pe	eriod		
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	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor		Contribut	emo Item	1				
	Receipt For:		Year-to-Date V	_	contribut	UII					
	Primary General	Aggregate									
	Other (specify) <b>v</b>	L	500.00								
в.	Full Name of Individual (Last, First, Middle Init Alleyn, Michael, , ,	ial) or Full O	rganization Name		Date of	Receipt					
	Mailing Address 5505 N. 4th				03	/ D	13	Y Y 202	20	Y	
	City	State	Transaction ID : SA11AI.49617								
	mcallen	TX	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				-9-			250.0	0	
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor		Me	emo Iterr on	1				
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	Primary General Other (specify) ▼		750.00								
_	Full Name of Individual (Last, First, Middle Init Alleyn, Robert, , Dr.,	ial) or Full O	rganization Name		Data af	Dessist					
С.	Mailing Address 8330 North Shary Road			-		Receipt	D / _	V V	Y	V	
					01		17	202			
	City mission	State TX	Zip Code 78572				D : SA11A Receipt 1				
	FEC ID number of contributing federal political committee.	С			<u> </u>	. y	9	_	250.0	0	
	Name of Employer (for Individual) self-employee		upation (for Individual) sician		Me contribut	emo Iterr ion	ı				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
5	UBTOTAL of Receipts This Page (optional)		•••••			, y			750.00	D	

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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

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PAGE 11 OF

125

				Detailed Summary Page	×	11a		-	11b	11c	;	12	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					or the		irpo	ose of	solicit		ontribu	tions
<u> </u>	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA												
A.	Full Name of Individual (Last, First, Middle Initial Alleyn, Robert, , Dr.,	) or Full C	Drga	nization Name	1	Date	of R	lec	eipt				
	Mailing Address 8330 North Shary Road					<sup>™</sup> 02	VI	/	D D 20	/	Y Y	2020	Y
	City	State		Zip Code		Trar	sac	tio	on ID :	SA11.	AI.496	519	
	mission	TX		78572	/	Amou	nt o	fΕ	ach R	eceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С						,				250.	00
	Name of Employer (for Individual) self-employee	Occ phy	•	tion (for Individual) an	co	ontrib			Item				
	Design From	Aggregate	Yea	ar-to-Date <b>V</b>									
	Primary General Other (specify) ▼		-	500.00									
	Full Name of Individual (Last, First, Middle Initial Alleyn, Robert, , Dr.,	) or Full C	Drga	nization Name		Date	of B	lec	eint				
	Mailing Address 8330 North Shary Road					M 03		/	D D D	/	Y Y 2	020	Y
	City	State		Zip Code		Tran	sac	tio	n ID : :	SA11	AI.496	20	
	mission	ТХ		78572	/	Amou	nt o	fΕ	ach R	eceipt	this I	Period	
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	Name of Employer (for Individual) self-employee	Occ phy	•	tion (for Individual) an	co	ntribu			Item				
	Receipt For:	Aaareaate	Yea	ar-to-Date V									
	Primary General Other (specify) <b>v</b>		,	750.00									
C.	Full Name of Individual (Last, First, Middle Initial Almedia, Hillary, , Dr.,	) or Full C	Drga	nization Name		Date	of R	lec	eipt				
	Mailing Address 900 E. Vermont			1		<sup>™</sup> 03	VI	/	D D 13	1		020	Y
	City	State TX		Zip Code					on ID :				
	McAllen		_	78504	_ /	Amou	nt o	fΕ	ach R	eceipt	this I	Period	
	FEC ID number of contributing federal political committee.	С					_	,				75.	00
	Name of Employer (for Individual) Self employed	Occ	•	tion (for Individual) In	C	l ontrib			ltem				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General Other (specify)		7	225.00	1								
s	UBTOTAL of Receipts This Page (optional)			••••••	•   •		-	,			-	575.	00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 12 OF

125

		Detailed Summary Page	×	_	11b	11c	12	<u> </u>
Any information conied from such Reports	and Statements m	l av not be sold or used by any n	erson	13 for the	14 purpose	of soliciting	16 1 contribu	17 Itions
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution 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 FEDER	AL PAC							
Full Name of Individual (Last, First, Mide A. Amyx, Michael, , ,	dle Initial) or Full C	rganization Name		Date of	f Receipt	t		
Mailing Address 2108 Mynah				01		D / Y 17	ү ү 2020	Y
City	State	Zip Code		Trans	action I	D : SA11AI.	49624	
mcallen	ТХ	78501		Amount	t of Each	n Receipt th	is Period	i.
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self-employed Receipt For:	I*	ate investor	C	ontribut	ion			
Primary General	Aggregate	Year-to-Date ▼						
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Mailing Address 2108 Mynah				M M 02	/ D	20	2020	Y
City	State	Zip Code				D : SA11AL		
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FEC ID number of contributing federal political committee.	С						250.	00
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor	C	Memo Item				
Receipt For:	I ·	Year-to-Date ▼						
Primary General	7.99.094.0		11.					
Other (specify) <b>v</b>		, 500.00	4					
Full Name of Individual (Last, First, Mide C. Amyx, Michael, , ,	dle Initial) or Full C	rganization Name		Date of	f Receipt	t		
Mailing Address 2108 Mynah				03		D / Y 13	2020	Y
City	State	Zip Code		Trans	action I	D : SA11AI.	49626	
mcallen	ТХ	78501		Amount	t of Each	n Receipt th	is Period	i.
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Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo Iter	n		
self-employed	priva	ate investor	c	ontribut	tion			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		750.00						
SUBTOTAL of Receipts This Page (option	ial)		•	Ľ.			750.	00

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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

(check only one)

**X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Apolinario, Jumar, B., Dr., Α. Date of Receipt Mailing Address 2805 Santa Erica 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.49629 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physicain contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Arias-Viaud, Julio, , Dr., Date of Receipt Mailing Address 2600 Santa Paula 03 13 2020 City State Zip Code Transaction ID : SA11AI.49641 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Asase, Danilo, , Dr., Date of Receipt Mailing Address 5216 Kensington Lane MM 03 13 2020 City State Zip Code Transaction ID : SA11AI.49644 ТΧ Brownsville 78526 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional).....

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

125

13 OF

PAGE

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

125

		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name of Individual (Last, First, Midd A. Assistores, Marilyn, , Dr.,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2222 La Condesa Drive	State	Zip Code	03 / D D / Y Y Y Y 2020
City Edinburg	TX	78539	Transaction ID : SA11AI.49647           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]
Full Name of Individual (Last, First, Midd B. Avila, Felipe, , Dr.,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 104 W. 20th Street	State	Zin Codo	01 / D D / Y Y Y Y 01 17 2020
City Weslaco	TX	Zip Code 78596	Transaction ID : SA11AI.49651 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) self-employed	Occ doc	upation (for Individual) tor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
Full Name of Individual (Last, First, Midd C. Avila, Felipe, , Dr.,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 104 W. 20th Street	State	Zip Code	
Weslaco	TX	78596	Transaction ID : SA11AI.49652           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) self-employed	Occ	upation (for Individual)	Memo Item contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 800.00	]
SUBTOTAL of Descipts This Page (option	)		875.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	LINE ck only 11a 13	NUMBE v one) 11b 14	R:	PAGE	<u> </u>	5 OF 12 16	<u> </u>
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC									
Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Name								

Α.	Avila, Felipe, , Dr.,			Date of Receipt
	Mailing Address 104 W. 20th Street			M = M / D = D / Y = Y = Y = Y
				03 13 2020
	City	State TX	Zip Code	Transaction ID : SA11AI.49653
	Weslaco		78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	self-employed	doct	or	contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) <b>v</b>		1200.00	
в.	Full Name of Individual (Last, First, Middle Ini Ayers, Roberto, A,, Dr.,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1900 S. Jackson #7			03 13 2020
	City	State	Zip Code	Transaction ID : SA11AI.49659
	McAllen	ТХ	78501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	selfemployed		sician	contribution
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogato		
	Other (specify) <b>v</b>		300.00	
с.	Full Name of Individual (Last, First, Middle Ini Badiga, Murphy, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1503 S. Airport			M M / D D / Y Y Y Y
	suite 6			01 17 2020
	City	State	Zip Code	Transaction ID : SA11AI.49660
	weslaco	TX	78596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) self-employed	Occu phys	upation (for Individual) ician	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)	Aggregate	400.00	
	UBTOTAL of Receipts This Page (optional)			900.00
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125

17

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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PAGE 16 OF

125

			Detailed Summary Page				11b	11c	Ш	12	
Ar	y information copied from such Reports and	Statements ma	y not be sold or used by any n	erson 1	13 or the	pui	14 rpose of	15 soliciting	g cor	16 htribut	17 ions
	for commercial purposes, other than using th										
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Α.		nitial) or Full Or	rganization Name		Date o						
	Mailing Address 1503 S. Airport suite 6				<sup>M</sup> 02		20			)20 )	Ŷ
	City weslaco	State TX	Zip Code 78596					SA11AI.			
	FEC ID number of contributing federal political committee.	С			Amoun	IT OT	Each	Receipt th		eriod 400.0	
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в.	Full Name of Individual (Last, First, Middle In Badiga, Murphy, , ,	nitial) or Full O	rganization Name		Date o	of R	eceipt				
	Mailing Address 1503 S. Airport suite 6 City	State	Zip Code		03		13	_ L	20		Ŷ
	weslaco	TX	78596					SA11AI. Receipt th			
	FEC ID number of contributing federal political committee.	С					-y			400.0	00
	Name of Employer (for Individual) self-employed	Occu phys	co	Memo Item contribution							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]							
<u>с</u> .	, , , , ,	nitial) or Full O	rganization Name		Date o	of R	eceipt				
	Mailing Address 3000 Yellowhammer				<sup>M</sup> 02	1	20			20 20	Y
	City mcallen	State TX	Zip Code 78504					SA11AL			
	FEC ID number of contributing federal political committee.			Amount of Each Rece						eriod 125.0	00
	Name of Employer (for Individual) self-employed		ipation (for Individual) te investor	c	N ontribu		o Item				
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Any information copied from such Reports a or for commercial purposes, other than usin								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC							
Full Name of Individual (Last, First, Midd <b>Barrera, Marcos, , Mr.,</b> Mailing Address 3000 Yellowhammer	le Initial) or Full O	rganization Name		Date of		ot 🔹 D	/ Y	YYYY
City	State TX	Zip Code 78504			action I	-		
FEC ID number of contributing federal political committee.	С			Amouni	. OF Eac	n Rec	eipt in	is Period 125.00
Name of Employer (for Individual) self-employed		upation (for Individual) ate investor		Contribut	emo Itei ion	m		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	)					
Full Name of Individual (Last, First, Midd B. Barrera, Ricardo, , ,	le Initial) or Full O	rganization Name		Date of	Receip	ot		
Mailing Address 420 Frio				01	/ D	р 17	/ Y	y y y 2020
City	State	Zip Code		Trans	action I	D : S/	A11AI.4	19666

	Other (specify) <b>v</b>		375.00	
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Maili	ng Address 420 Frio			01 17 2020
City	sion	State TX	Zip Code 78572	Transaction ID : SA11AI.49666 Amount of Each Receipt this Period
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	ne of Employer (for Individual) employed	Occup physic	ation (for Individual) sian	Memo Item contribution
	eipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	-
C. Ba	Name of Individual (Last, First, Middle Init Irrera, Ricardo, , , Ing Address 420 Frio	ial) or Full Orga	anization Name	Date of Receipt
City mis	sion	State TX	Zip Code 78572	Transaction ID : SA11AI.49667 Amount of Each Receipt this Period
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self-	e of Employer (for Individual) employed	Occupa physici	ation (for Individual) ian	contribution
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125

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 18 OF

125

			Detailed Summary Page	×			11b	11c		12			
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	y information copied from such Reports and Stat for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	ΥC											
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	mission	ТХ		78572					Receipt				
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	Name of Employer (for Individual) self-employed		upat vsicia	ion (for Individual) In	c	M ontribut		tem					
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	Primary General Other (specify) ▼		-9-	1200.00									
в.	Full Name of Individual (Last, First, Middle Initial Behara, Sebrahmanyan, , Dr.,	) or Full C	Drgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 121 Cardinal					м м 01	/	D 17		2(	020	Y	
	City mcallen	State TX		Zip Code 78504					SA11A			_	
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с.	Full Name of Individual (Last, First, Middle Initial Behara, Sebrahmanyan, , Dr.,	) or Full C	Drgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 121 Cardinal	1				<sup>M</sup> 02	1	20			020 <sup>°</sup>	Y	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

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PAGE 19 OF

125

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name of Individual (Last, First, Midd         Behara, Sebrahmanyan, , Dr.,         Mailing Address 121 Cardinal         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occuphys	rganization Name Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 1200.00	Date of Receipt
Full Name of Individual (Last, First, Mide B. Bernini, Juan, , , Mailing Address 2804 Santa Ana City mission	dle Initial) or Full O State TX	Zip Code 78574	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For:	phy	upation (for Individual) sician Year-to-Date ▼ 250.00	250.00 Memo Item contribution
Full Name of Individual (Last, First, Midd         C.       Bernini, Juan, , ,         Mailing Address 2804 Santa Ana         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C	rganization Name Zip Code 78574 upation (for Individual) sician Year-to-Date ▼ 500.00	Date of Receipt
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bernini, Juan, , , Date of Receipt Α. Mailing Address 2804 Santa Ana M M 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.49677 TΧ mission 78574 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane 01 2020 17 City State Zip Code Transaction ID : SA11AI.49678 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bose, Sarojini, , , Date of Receipt Mailing Address 7007 N 1st Lane MM 02 20 2020 City State Zip Code Transaction ID : SA11AI.49679 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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20 OF

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Us foi De

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PAGE 21 OF

125

			Detailed Summary Page	×	11a	11	1b	1	1c	12		
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	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	PAC										
Α.	Full Name of Individual (Last, First, Middle In Bose, Sarojini, , , Mailing Address 7007 N 1st Lane	itial) or Full Or	ganization Name		Date of		D		Y	γγγ	Y	
	City	State	Zip Code		03 Trans	action	13 תוג		1AI.49	2020		
	mcallen	TX	78504		Amount							
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	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo It	em					
	self-employed	phys	ician	c	ontribut	tion						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	1								
	Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , ,	itial) or Full Or	ganization Name		Date of	f Rece	eipt					
	Mailing Address 2005 Cimarron Court			01 17 2020								
	City	State	Zip Code						1AI.496			
-	mission	ТХ	78572		Amount	t of Ea	ach I	Recei	pt this	Period		
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]								
	Full Name of Individual (Last, First, Middle In Bracamontes, Francisco, , ,	itial) or Full Or	ganization Name		Date of	f Rece	ipt					
	Mailing Address 2005 Cimarron Court				02 <sup>M</sup>	1	20			020	Y	
	City mission	State TX	Zip Code 78572		Trans Amount				<b>1AI.49</b> pt this		_	
	FEC ID number of contributing federal political committee.	С			<u> </u>	,			,	400.	00	]
	Name of Employer (for Individual) self-employed	Occu physi	pation (for Individual) cian	c	M	emo It tion	tem					
	Receipt For:	Aggregate `	Year-to-Date 🔻									
	Primary     General       Other (specify)		800.00									

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

125

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page									
	Ind Statements may not be sold or used by any pe g the name and address of any political committee									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA										
Full Name of Individual (Last, First, Midd A. Bracamontes, Francisco, , ,	le Initial) or Full Organization Name	Date of Receipt								
Mailing Address 2005 Cimarron Court		03 13 2020								
City	State Zip Code	Transaction ID : SA11AI.49683								
mission	TX 78572	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	400.00								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
self-employed	physician	contribution								
Receipt For:	Aggregate Year-to-Date ▼	1								
Primary General										
Other (specify) <b>v</b>	1200.00									
Full Name of Individual (Last, First, Midd B. Cantu, Alonzo, , ,	le Initial) or Full Organization Name	Data of Dessist								
		Date of Receipt								
Mailing Address P.O.Box 2673		01 17 2020								
City	State Zip Code TX 78502	Transaction ID : SA11AI.49693								
mcallen	TX 78502	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	400.00								
Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor	Memo Item contribution								
Receipt For:	Aggregate Year-to-Date ▼									
Primary General										
Other (specify)	400.00									
Full Name of Individual (Last, First, Midd C. Cantu, Alonzo, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Alonzo, , ,									
Mailing Address P.O.Box 2673		02 20 Y Y Y Y Y 20 2020								
City	State Zip Code	Transaction ID : SA11AI.49694								
mcallen	TX 78502	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	400.00								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
self-employed	private investor	contribution								
Receipt For:	Aggregate Year-to-Date ▼	-								
Primary General Other (specify)	800.00									
SUBTOTAL of Receipts This Page (optional	al)	1200.00								

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

100

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

**X** 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cantu, Alonzo, , , Date of Receipt Α. Mailing Address P.O.Box 2673 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.49695 TΧ mcallen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Caporusso, Joseph, , Dr., Date of Receipt Mailing Address 217 E. Yellowhammer 03 13 2020 City State Zip Code Transaction ID : SA11AI.49710 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cardenas, Carlos, , , Date of Receipt Mailing Address 1000 N. Taylor Road М 01 17 2020 City State Zip Code Transaction ID : SA11AI.49711 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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

125

PAGE

23 OF

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name of Individual (Last, First, Middle In Cardenas, Carlos, , ,         Mailing Address 1000 N. Taylor Road         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occuphys	Zip Code 78501 upation (for Individual) sician Year-to-Date ▼ 800.00	Date of Receipt
B. Full Name of Individual (Last, First, Middle In B. Cardenas, Carlos, , , Mailing Address 1000 N. Taylor Road	Initial) or Full O	Zip Code	Date of Receipt
mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) self-employed         Receipt For:         Primary       General         Other (specify) ▼	C Occ phy	78501 upation (for Individual) sician Year-to-Date ▼ 1200.00	Amount of Each Receipt this Period  400.00  Memo Item contribution
Full Name of Individual (Last, First, Middle In         C.       Carreras, Jose, , ,         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify)	State TX C	rganization Name Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			1200.00

<b>TOTAL</b> This Period (last page this line number only)						
		 	 	1000	 	1000

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

125

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name of Individual (Last, First, Middle Carreras, Jose, , ,         Mailing Address 1016 E. Griffin Parkway         City         mission         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C	Zip Code 78572	Date of Receipt
Full Name of Individual (Last, First, Middle B. Carreras, Jose, , , Mailing Address 1016 E. Griffin Parkway City mission	e Initial) or Full C	Zip Code 78572	Date of Receipt
FEC ID number of contributing federal political committee.          Name of Employer (for Individual) self-employed         Receipt For:         Primary       General         Other (specify) ▼	C Occ phy	upation (for Individual) sician Year-to-Date ▼ 1200.00	Amount of Each Receipt this Period 400.00 Memo Item contribution
Full Name of Individual (Last, First, Middle C.         Castrillon, Augusto, , ,         Mailing Address 223 Rio Grande Drive         City         mission         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) self-employed         Receipt For:         Primary       General         Other (specify)	State TX C	rganization Name Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	I)		1050.00

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

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

125

IT.			Use separate schedule(s)			(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a	11b	11c		12	<u> </u>			
Ar	y information copied from such Reports and	Statements ma	l	erson	13 for the	14 purpose	of solicitin		16 tributi	17 005			
	for commercial purposes, other than using t												
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC											
Α.	Full Name of Individual (Last, First, Middle Castrillon, Augusto, , ,	Initial) or Full C	rganization Name		Date of	Receipt							
	Mailing Address 223 Rio Grande Drive				02 <sup>M</sup>		20 / Y	ý 20	ү 20	Y			
	City	State	Zip Code		Trans	action II	D : SA11AI	.4972	1				
	mission	TX	78572		Amount	of Each	n Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С							250.0	0			
	Name of Employer (for Individual) self-employed		upation (for Individual) sician		Me contributi	emo Iten	n						
	Receipt For:		Year-to-Date ▼		Jonnibut								
	Primary General	Aggregate		11									
	Other (specify) <b>v</b>		500.00										
в.	Full Name of Individual (Last, First, Middle Castrillon, Augusto, , ,	Initial) or Full C	rganization Name		Date of	Receipt	:						
	Mailing Address 223 Rio Grande Drive				03		D / Y 13	202	Y 20	Y			
	City	State	Zip Code		Trans	action II	) : SA11AI	4972	2				
	mission	TX	78572		Amount	of Each	n Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С							250.0	0			
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	c	Me	emo Iten on	n						
	Receipt For:	1	Year-to-Date ▼										
	Primary General Other (specify) ▼		750.00										
_	Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name										
C.	Cooper-Dockery, Donna, , Dr.,					Receipt							
	Mailing Address 2301 Solera Drive	State	Zip Code		02		20 D : SA11AI	202	in the second	Y			
	mission	TX	78572				n Receipt ti						
	FEC ID number of contributing federal political committee.	С				,	,		125.0	0			
	Name of Employer (for Individual)		upation (for Individual)			emo Iten	n						
	self-employee Receipt For:	1	sician		contribut								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]									
s	UBTOTAL of Receipts This Page (optional).		k						625.0	0			

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

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

			Detailed Summary Page	×	11a		11b	11c		12					
_					13		14	15		16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)														
	BORDER HEALTH FEDERAL P	PAC													
Α.	Full Name of Individual (Last, First, Middle Initi Cooper-Dockery, Donna, , Dr.,	al) or Full Or	ganization Name	Date of Receipt											
	Mailing Address 2301 Solera Drive				м м 03	1	13	) / Y	ү 20	20	Y				
	City	State	Zip Code		Trans	act	tion ID :	SA11AL	4972	28					
	mission	ТХ	78572	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C					-gr. 1			125.0	0				
	Name of Employer (for Individual)	Occu	pation (for Individual)	_	М	em	o Item								
	self-employee	phys		c	ontribut	tion									
	Receipt For:	Aggregate \	Year-to-Date ▼												
	Primary General			1.											
	Other (specify) ▼		375.00												
В.	Full Name of Individual (Last, First, Middle Initi Cortez, Oscar, , Dr.,	al) or Full Or	ganization Name		Date of	f Re	eceipt								
	Mailing Address 4101 South Burns Drive			03 / Y Y Y Y 2020											
	City	State	Zip Code		Trans	act	tion ID :	SA11AL	4973	4					
	McAllen	ТХ	78503					Receipt th							
	FEC ID number of contributing federal political committee.	С					-gr. 1			100.0	0				
	Name of Employer (for Individual) Self employed	Occu phys	pation (for Individual) ician	C	Memo Item contribution										
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       300.00														
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         C. Cortinas, Javier, , ,															
	Mailing Address 1400 Northgate				M M 01	1	D D D 17		202	20	Y				
	City	State	Zip Code		Trans	ac	tion ID :	SA11AL	4974	11					
	mcallen	ТХ	78504		Amoun	t of	Each R	Receipt th	is Pe	eriod					
FEC ID number of contributing federal political committee.		С		250.00											
	Name of Employer (for Individual) self-employed	Occu physi	pation (for Individual) cian	c	Memo Item contribution										
	Receipt For:	Aggregate V	Year-to-Date ▼												
	Primary General Other (specify)		250.00												
s	UBTOTAL of Receipts This Page (optional)									475.0	0				

	-		1	1	1	1.1	 1		
TOTAL This Period (last page this line number only)	•					-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

125

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
				erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC											
Α.	Full Name of Individual (Last, First, Middle I Cortinas, Javier, , , Mailing Address 1400 Northgate	nitial) or Full O	rganization Name	Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11AI.49742									
	mcallen	ТХ	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
	self-employed	phys	sician	contribution									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00										
	Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name										
В.	Cortinas, Javier, , ,			Date of Receipt									
	Mailing Address 1400 Northgate	ng Address 1400 Northgate											
	City	State	Zip Code	Transaction ID : SA11AI.49743									
	mcallen	TX	78504	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item contribution									
Dessint For:			Year-to-Date ▼ , 750.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle I Deanda, David, , ,	nitial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 2408 Dorado			01 17 Y Y Y Y 01 17 2020									
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.49750 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual) self-employed			ipation (for Individual) te investor	Contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)		•	750.00									

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

125

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	Any information copied from such Reports and 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 F	PAC										
Α.	Full Name of Individual (Last, First, Middle Init Deanda, David, , , Mailing Address 2408 Dorado	tial) or Full O	rganization Name	Date of Receipt								
	City	State TX	Zip Code 78574	Transaction ID : SA11AI.49751								
	mission		78574	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item								
	self-employed	priva	ate investor	contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
_	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name									
В.	Deanda, David, , ,			Date of Receipt								
	Mailing Address 2408 Dorado	State	Zin Code	03 / D D / Y Y Y Y 13 2020								
	City mission	TX	Zip Code 78574	Transaction ID : SA11AI.49752								
			10314	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		250.00 Memo Item contribution								
	Name of Employer (for Individual) self-employed		upation (for Individual) ate investor									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		750.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Delgado, Luis, , , Jr.	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 5128 N. 10th			02 / D D / Y Y Y Y 20 2020								
	City	State	Zip Code	Transaction ID : SA11AI.49763								
	Mcallen	ТХ	78504	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		200.00								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item								
		phys	sician	contribution								
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻									
	Other (specify)		400.00									
s	UBTOTAL of Receipts This Page (optional)		•	700.00								

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

100

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Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 30 OF (check only one)									
		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         16									
Any information copied from such Reports and or for commercial purposes, other than using th												
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC											
Full Name of Individual (Last, First, Middle Ir A. Delgado, Luis, , , Jr.	Date of Receipt											
Mailing Address 5128 N. 10th			M M / D D / Y Y Y Y 03 13 2020									
City	State	Zip Code	Transaction ID : SA11AI.49764									
Mcallen	ТХ	78504	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		200.00									
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item									
selfemployed	physic	cian	contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00	1									

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

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

B. Desai, Parul, , Dr.,			Date of Receipt
Mailing Address 7004 North 1st	M M / D D / Y Y Y Y Y 03 13 2020		
City	State	Zip Code	Transaction ID : SA11AL49767
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed			
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	_	
Full Name of Individual (Last, First, Middle Duran, Alberto, , , Mailing Address 1615 Palazzo	Initial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.49777
mission	ТХ	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual) selfemployed	Occupa physicia	ation (for Individual) an	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Ye		
SUBTOTAL of Receipts This Page (optional)	)	▶	700.00

FEC Schedule A (Form 3X) Rev. 06/2016

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125

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

125

			Detailed Summary Page	×	11a 13	-	11b 14	11c		12 16	17				
	y information copied from such Reports and State for commercial purposes, other than using the na							solicitin		ntribu	tions				
$\left\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C													
A.	Full Name of Individual (Last, First, Middle Initial) Duran, Alberto, , ,	or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 1615 Palazzo				02 20 2020										
	City mission	State TX	Zip Code 78572	A				SA11AI leceipt th							
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) selfemployed	Occu physi	pation (for Individual) ician	Contribution											
	Receipt For:     /       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	1											
в.	Full Name of Individual (Last, First, Middle Initial) Duran, Alberto, , ,	or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 1615 Palazzo	1	Zip Code	03 / D D / Y Y Y Y 2020											
	City mission	State TX	Transaction ID : SA11AI.49779 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C					400.00								
	Name of Employer (for Individual) selfemployed	Occu phys	pation (for Individual) iician	со	Memo Item contribution										
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate													
C.	Full Name of Individual (Last, First, Middle Initial) Esparza, Antonio, , ,	or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 136 W. Yucca				<sup>M</sup> 01	1	D D 17	) / Y		020 <sup>°</sup>	Y				
	City mcallent	State TX	Zip Code 78504	A				SA11AI							
	FEC ID number of contributing federal political committee.	С	400.00												
	Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician				contribution									
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00													
S	UBTOTAL of Receipts This Page (optional)						,	. ,		1200.(	00				
т	OTAL This Period (last page this line number only	y)	••••••				<del>.</del>	- <b>T</b>							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 32 OF

				Detailed Summary Page	×	11 10	1a 3		11b 14	110 15		12 16	17							
	y information copied from such Reports and Sta for commercial purposes, other than using the r																			
$\left\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	٩C																		
Α.	Full Name of Individual (Last, First, Middle Initia Esparza, Antonio, , , Mailing Address 136 W. Yucca	l) or Full O	rgai	nization Name		M	- M	_	eceipt		Y	Y Y	Y							
	City mcallent	State TX		Zip Code 78504		Tr			20 ion ID	: SA11	AI.49									
	FEC ID number of contributing federal political committee.	C								Amount of Each Receipt this Period 400.00										
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) an	c	Memo Item contribution														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	vr-to-Date ▼ 800.00	1															
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Esparza, Antonio, , ,							Date of Receipt												
	Mailing Address 136 W. Yucca City State Zip Code								03 / 13 / 2020 Transaction ID : SA11AI.49782											
	mcallent	TX		78504					on ID : Each I											
	FEC ID number of contributing federal political committee.	С		400.00																
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) an	C	Memo Item contribution														
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00																		
с.	Full Name of Individual (Last, First, Middle Initia Falcon, Antonio, , ,	l) or Full O	rgai	nization Name		Dat	e of	Re	eceipt											
	Mailing Address 2768 Pharmacy Road	1					03	1	D 13	3	2	2020	Y							
	City rio grande city	State TX		Zip Code 78582					ion ID Each F											
	FEC ID number of contributing federal political committee.	С				Ē	_		<b>y</b>			100.								
	Name of Employer (for Individual) self-employed	Occu phys	•	tion (for Individual) n	Memo Item contribution															
	Receipt For: Primary General Other (specify)	Aggregate	1																	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

PAGE 33 OF

125

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	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Falcon, Maria Elena, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 2212 Westway				м м 01	1	D D 17	/ Y	y 202	20	Y				
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.49789 Amount of Each Receipt this Period											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 34 OF

125

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	Mailing Address 110 E. Savannah #101					01	/	D 17	р / Y		)20	Y		
	City McAllen	State TX	Transaction ID : SA11AI.49792 Amount of Each Receipt this Period											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 35 OF

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	Mailing Address 320 Primrose		01 / D D / Y Y Y Y 2020											
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	Mailing Address 320 Primrose				M M 02	1′	D D D 20	/		)20	Y			
	City	State	Zip Code		Trans	actior	י ID : נ	SA11AI	.4979	96				
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SCHEDULE A	(FEC	Form	3X)
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PAGE 36 OF

125

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Α.	Full Name of Individual (Last, First, Middle Init Galindo, Eugenio, , ,	tial) or Full O	rganization	Name		Date o	f Rec	eipt								
	Mailing Address 5936 N. Cynthia															
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 37 OF

125

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 38 OF

125

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 39 OF

125

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 40 OF

125

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C. Full Name of Individual (Last, First, Middle Garcia-Cantu, Carlos, , Dr., Mailing Address 4121 N. 10th #240	Initial) or Full Or	ganization Name	Date of	Receipt		y y 2020	Y			
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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**X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Garcia-Cantu, Carlos, , Dr., Α. Date of Receipt Mailing Address 4121 N. 10th #240 1 2020 02 20 City Zip Code State Transaction ID : SA11AI.49834 TΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garcia-Cantu, Carlos, , Dr., Date of Receipt Mailing Address 4121 N. 10th #240 03 13 2020 City State Zip Code Transaction ID : SA11AI.49835 ТΧ Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Garza, James, , Dr., Date of Receipt Mailing Address 2821 Lakeshore Drive М 01 17 2020 City State Zip Code Transaction ID : SA11AI.49842 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

125

PAGE

41 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 42 OF

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			ay not be sold or used by any puddress of any political committe	person for th	e purpose c	of soliciting	contribut	tions			
	OMMITTEE (In Full) R HEALTH FEDERA	AL PAC									
Full Name of A. Garza, Jar	Individual (Last, First, Middlenes, , Dr.,	e Initial) or Full C	organization Name	Date	of Receipt						
Mailing Addre	ess 2821 Lakeshore Drive			M 02			y y 2020	Y			
City Edinburg		State TX	Zip Code 78539		nsaction ID			_			
	ber of contributing cal committee.	С				-	400.0	00			
self-employed	ployer (for Individual) d		upation (for Individual) sician	contrib	Memo Item oution						
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	1							
B. Garza, Ja		e Initial) or Full C	organization Name		of Receipt						
	ess 2821 Lakeshore Drive	State	Zip Code	03			2020	Y			
City Edinburg		TX	78539		nsaction ID unt of Each						
	ber of contributing cal committee.				400.0	00					
Name of Em self-employed	ployer (for Individual) d		upation (for Individual) rsician	contrib	Memo Item oution						
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]							
Full Name of C. Garza, R	Individual (Last, First, Middle	e Initial) or Full C	organization Name	Date	of Receipt						
Mailing Addre	ess 5404 N. 1st street			M 01	M / D		2020	Y			
City mcallen		State TX	Zip Code 78504		nsaction ID unt of Each						
FEC ID num federal politic		. , .		400.0	00						
Name of Em selfemployed Receipt For:	ployer (for Individual) I	Occupation (for Individual) private investor			Memo Item oution						
Primary	y General (specify)	Aggregate	Year-to-Date ▼ 400.00	1							
SUBTOTAL of	Receipts This Page (optiona	l)					1200.0	00			

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 43 OF

125

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17											
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC													
Α.	Full Name of Individual (Last, First, Middle Ini Garza, Rene, , , Mailing Address 5404 N. 1st street	tial) or Full O	rganization Name	Date of Receipt											
	City	State	Zip Code	102 20 2020 Transaction ID : SA11AI.49849											
	mcallen	TX	78504												
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item											
	selfemployed	priva	ate investor	contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	]											
	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name												
В.	Garza, Rene, , ,			Date of Receipt											
	Mailing Address 5404 N. 1st street			03 13 2020											
	City	State	Zip Code	Transaction ID : SA11AI.49850											
	mcallen	TX	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		400.00											
	Name of Employer (for Individual) selfemployed		upation (for Individual) ate investor	Memo Item contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]											
с.	Full Name of Individual (Last, First, Middle Ini Garza-Tamez, Jesus, , Dr.,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 1400 W. Gardenia			03 13 / Y Y Y Y Y 2020											
	City	State	Zip Code	Transaction ID : SA11AI.49856											
	McAllen	ТХ	78501	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		100.00											
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item											
	self-employed	phys	ician	contribution											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]											
s	UBTOTAL of Receipts This Page (optional)		•••••	900.00											

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

PAGE 44 OF

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		Detailed Summary Page	×	11a		11b	11c		12								
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NAME OF COMMITTEE (In Full)																	
BORDER HEALTH FEI	DERAL PAC																
Full Name of Individual (Last, Firs <b>A.</b> Gelman, Lawrence, , ,	t, Middle Initial) or Full O	rganization Name	[	Date of	f Re	eceipt											
Mailing Address 3900 Sundown D	ive		M M / D D / Y Y Y Y 01 17 2020														
City	State	Zip Code	Transaction ID : SA11AI.49857														
mcallen	TX	78503	Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	C		400.00														
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item														
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Receipt For:	Aggregate	Year-to-Date ▼															
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Other (specify)		400.00															
Full Name of Individual (Last, Firs B. Gelman, Lawrence, , ,	t, Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt											
Mailing Address 3900 Sundown Dr	ive			м м 02	1	20		ү 2(	) 20	Y							
City	State	Zip Code		Trans	act	ion ID :	SA11AI.	498	58								
mcallen	TX	78503	Transaction ID : SA11AL49858           Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	C		400.00														
Name of Employer (for Individual) selfemployed		Occupation (for Individual) physician					Memo Item contribution										
Receipt For:	Aggregate	Aggregate Year-to-Date ▼															
Other (specify)		800.00															
Full Name of Individual (Last, Firs	t, Middle Initial) or Full O	rganization Name	[	Date of	f Re	eceipt											
Mailing Address 3900 Sundown D	ive			<sup>M</sup> 03	1	D 13			) 20	Y							
City mcallen	State TX	Zip Code 78503					SA11AI										
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period													
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution														
Receipt For: Primary General Other (specify)	Primary General General																
SUBTOTAL of Receipts This Page (	optional)								1200.0	0							

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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PAGE 45 OF

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	y information copied from such Reports and S for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full)																
$ \rangle$	BORDER HEALTH FEDERAL F	PAC															
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Α.	Full Name of Individual (Last, First, Middle Init Gillett, Richard, , Dr.,	ial) or Full O	rganization Name		Date of	f Roce	oint										
ς.	Mailing Address 54 South 10th			_				/ /	V	V	Y						
				03 13 2020 Transaction ID : SA11AI.49865													
	City	State	Zip Code		Trans	actio	n ID :	SA11AI.4	498	65							
	McAllen	ТХ	78504	_	Amount	t of E	ach R	eceipt thi	is P	'eriod							
	FEC ID number of contributing	С		100.00													
	federal political committee.	•		100.00													
	Name of Employer (for Individual)		upation (for Individual)		M	emo I	ltem										
	self-employee		sician	c	ontribut	tion											
	Receipt For: Primary General	Year-to-Date 🔻															
	Other (specify) ▼		300.00														
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name														
В.	Giraldo, Alvaro, , ,			_	Date of	f Rece	eipt										
	Mailing Address 106 W. Flamingo				02	/	D D 20	/ Y		)20	Y						
	City	State	Zip Code	_		actio		SA11AI.4	-	-							
	mcallen	ТХ	78504					eceipt thi		-							
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	federal political committee.	С	200.00														
	Name of Employer (for Individual)	Occ	Memo Item														
	selfemployed	phy	contribution														
	Receipt For:	Aggregate															
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	Other (specify) ▼		400.00														
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name														
C.			<b>.</b>		Date of	f Rece	eipt										
	Mailing Address 106 W. Flamingo					/	D D 13	/ Y		)20	Y						
	City	State	Zip Code	_	03 Trans	sactio	-	SA11AI.4		1.00	_						
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	FEC ID number of contributing																
	federal political committee.	С				. ,		9		200.0	00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	_	M	emo l	Item										
	selfemployed		ician	c	ontribut	tion											
	Receipt For:	Aggregate	Year-to-Date 🔻														
	Primary General		600.00														
	Other (specify)		000.00														
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

(check only one)

PAGE 46 OF

125

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	y information copied from such Reports and Sta for commercial purposes, other than using the					for the	purp	ose of	soliciting		ntribut	ions						
	NAME OF COMMITTEE (In Full)																	
	BORDER HEALTH FEDERAL P	AC																
Α.	Full Name of Individual (Last, First, Middle Initi Gomez, Juan Pablo, , Dr.,	al) or Full O	Drgar	nization Name		Date of	f Red	ceipt										
	Mailing Address 113 Canary				<sup>M</sup> 02	/	<sup>D</sup> 20	/ Y	Y 20	)20 )	Y							
	City	State		Zip Code		Trans	actio	on ID :	SA11AI.4	1987	73							
	McAllen	TX		78504	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С						,	-		200.0	00						
	Name of Employer (for Individual) self-employed		cupat /sicia	ion (for Individual) In	Contribution													
	Receipt For:	Aggregate		r-to-Date ▼	_													
	Primary General	Aggregate	; 10a															
	Other (specify) ▼	L	-9-	400.00														
B	Full Name of Individual (Last, First, Middle Initi Gomez, Juan Pablo, , Dr.,	al) or Full O	Orgar	nization Name		Date of	f Rec	ceipt										
	Mailing Address 113 Canary					M M		DD	/ *	V	V	V						
						03	ľ	13	, 1	_20	20							
	City	State		Zip Code		Trans	actio	on ID : S	SA11AL4	1987	74							
	McAllen	ТХ		78504					eceipt thi									
	FEC ID number of contributing federal political committee.	С	200.00															
	Name of Employer (for Individual) self-employed	Occupation (for Individual) physician					Memo Item											
	Receipt For:																	
	Primary General	Aggregate	ggregate Year-to-Date ▼															
	Other (specify) ▼		600.00															
с.	Full Name of Individual (Last, First, Middle Initi Gonzalez, Jaime, , ,	al) or Full O	Drgar	nization Name		Date of	f Red	ceipt										
	Mailing Address 3511 Plazas del Lago					<sup>M</sup> 01	/	D D 17	/ Y		)20 <sup>°</sup>	Y						
	City	State		Zip Code		Trans	acti	on ID :	SA11AI.4	4989	93	_						
	edinburg	TX		78539		Amount	t of E	Each R	eceipt thi	is P	eriod							
	FEC ID number of contributing federal political committee.	С				<u>_</u> .		y .	,	_	400.0	00						
	Name of Employer (for Individual)	Occi	cupat	ion (for Individual)		M	emo	Item										
	selfemployed	priva	vate i	nvestor	c	ontribut	tion											
	Receipt For: Primary General	Aggregate	e Yea	r-to-Date ▼														
	Other (specify)		7	400.00														
s	UBTOTAL of Receipts This Page (optional)			•				,	. ,		800.0	00						

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FEC Schedule A (Form 3X) Rev. 06/2016

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Ima	ige# 202004139216661026															
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(cł	neck on <b>X</b> 11a	11b	11c	12	125							
	y information copied from such Reports and S															
or	for commercial purposes, other than using the	e name and a	address of any political committe	e to s	Olicit co	ntributior	is from suc	n committee	ə.							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC														
Α.	Full Name of Individual (Last, First, Middle Ini Gonzalez, Jaime, , ,	itial) or Full O	Organization Name		Date o	f Receip	t									
	Mailing Address 3511 Plazas del Lago				02 20 2020											
	City	State	Zip Code		Transaction ID : SA11AI.49894											
	edinburg	ТХ	78539		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			400.00											
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo Iter	n									
	selfemployed	priva	vate investor		contribu	tion										
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General	, iggi oguto		- 11												
	Other (specify) <b>v</b>		800.00	4												
B	Full Name of Individual (Last, First, Middle Ini Gonzalez, Jaime, , ,	itial) or Full O	Organization Name		Date o	f Receip	ŀ									
	Mailing Address 3511 Plazas del Lago				M M		D / Y	YYYY	-							
		Otata	7:- 0		03		13	2020								
	City	State TX	Zip Code	-			D : SA11AL									
	edinburg		78539		Amoun	t of Eacl	n Receipt tl	nis Period								
	FEC ID number of contributing federal political committee.	С			400.00											
	Name of Employer (for Individual) selfemployed		cupation (for Individual) vate investor		Contribu	emo Iter tion	n									
	Receipt For:	Aggregate	Year-to-Date V													
	Primary General	33 - 3		11												
	Other (specify) <b>v</b>	L	1200.00	4												
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Gordon, Verley, , ,	itial) or Full O	Organization Name		Date o	f Receip	t									
	Mailing Address 1700 E. Mile 3 Road				01		D / Y 17	2020	7							
	City	State	Zip Code		Tran	saction I	D : SA11AI	.49899								
	mission	ТХ	78574				n Receipt tl									
	FEC ID number of contributing				/ inioun				-							
	federal political committee.	С						250.00	)							
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	Name of Employer (for Individual)		upation (for Individual)			lemo Iter tion	11									
	selfemployed Receipt For:	1. ,	sician		contribution											
	Primary General	Aggregate	Year-to-Date ▼	_												
	Other (specify)		250.00													

SUBTOTAL of Receipts This Page (optional)	L	<u>.</u>	,		_	9	105	50.00	0
TOTAL This Period (last page this line number only)	Γ	Ţ	-			-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17												
	ny information copied from such Reports and Sta for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC														
Α.		al) or Full O	rganization Name	Date of Receipt												
	Mailing Address 1700 E. Mile 3 Road	04-4-	7:0.0	02 20 2020												
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.49900           Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		250.00												
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution												
	Receipt For:	Aggregate	Year-to-Date ▼ 500.00													
в.	Full Name of Individual (Last, First, Middle Initia Gordon, Verley, , , Mailing Address 1700 E. Mile 3 Road	al) or Full O	rganization Name	Date of Receipt												
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.49901												
	FEC ID number of contributing federal political committee.	C	10014	Amount of Each Receipt this Period												
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00													
с.	Full Name of Individual (Last, First, Middle Initia Griego, Enrique, , ,	al) or Full O	rganization Name	Date of Receipt												
	Mailing Address 905 Inspiratin Drive		I	01 / Y Y Y Y 01 17 2020												
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.49902 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		400.00												
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution												
	Receipt For:	Aggregate	Year-to-Date ▼ 400.00													
s	UBTOTAL of Receipts This Page (optional)			900.00												

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         49         OF         125           (check only one)         I1a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using the			y person for the purpose of soliciting contributions thee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Α.	Full Name of Individual (Last, First, Middle In Griego, Enrique, , ,	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 905 Inspiratin Drive			02 20 2020
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.49903 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	
В.	Full Name of Individual (Last, First, Middle In Griego, Enrique, , , Mailing Address 905 Inspiratin Drive	itial) or Full O	Organization Name	Date of Receipt
	City pharr	State TX	Zip Code 78577	Transaction ID : SA11AI.49904 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) vsician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
C.	Full Name of Individual (Last, First, Middle In Guerra, Marcy, , ,	itial) or Full O	Organization Name	Date of Receipt
	Mailing Address 13337 Borolo Drive			01 / D D / Y Y Y Y 01 17 2020
	City edinburg	State TX	Zip Code 78541	Transaction ID : SA11AI.49911           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_

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Other (specify)

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			Detailed Summary Page	★         11a         11b           13         14	11c         12           15         16         17
	ny information copied from such Reports and s for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Α.	Full Name of Individual (Last, First, Middle In Guerra, Marcy, , ,	itial) or Full (	Organization Name	Date of Receipt	
	Mailing Address 13337 Borolo Drive			02 / 20	
	City edinburg	State TX	Zip Code 78541		: SA11AI.49912 Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item	
	selfemployed	phy	ysician	contribution	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) V		500.00		
_	Full Name of Individual (Last, First, Middle In	itial) or Full (	Organization Name		
в.	Guerra, Marcy, , ,			Date of Receipt	
	Mailing Address 13337 Borolo Drive			03 13	
	City	State	Zip Code	Transaction ID	: SA11AI.49913
	edinburg	TX	78541	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) ysician	Memo Item contribution	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		, 750.00	]	
C.	Full Name of Individual (Last, First, Middle In Gutierrez, Alberto, , ,	itial) or Full (	Organization Name	Date of Receipt	
	Mailing Address 6020 Wisconsin			01 / D	
	City	State TX	Zip Code		: SA11AI.49917
	edinburg		78539	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual)	Oco	cupation (for Individual)	Memo Item	
	selfemployed	phy	vsician	contribution	
	Receipt For:         Primary       General         Other (specify)	Aggregate	e Year-to-Date ▼ 250.00		

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	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	2	<b>'</b> 11a	11b	11c	12	
_			, , ,		13	14	15	16	17
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC							
Α.	Full Name of Individual (Last, First, Middle Init Gutierrez, Alberto, , ,	tial) or Full O	rganization Name		Date o	f Receipt			
	Mailing Address 6020 Wisconsin				02	/ D D 20	/ Y	ү ү 2020	Y
	City	State	Zip Code		Trans	saction ID :	SA11AI.4	9918	
	edinburg	TX	78539		Amoun	t of Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.	C				1.45.1		250.0	0
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	lemo Item			
	selfemployed	phys	sician	0	contribu	tion			
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		500.00	11					
	Other (specify) <b>v</b>		500.00						
В.	Full Name of Individual (Last, First, Middle Init Gutierrez, Alberto, , ,	tial) or Full O	rganization Name		Date o	f Receipt			
	Mailing Address 6020 Wisconsin				м м 03	/ D D 13	/ Y	2020	Y
	City	State	Zip Code		Trans	action ID :	SA11AI.4	9919	
	edinburg	ТХ	78539		Amoun	t of Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>			250.0	0
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	c	M ontribut	lemo Item tion			
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	00 0		- L -					
	Other (specify) <b>v</b>		, 750.00						
C.	Full Name of Individual (Last, First, Middle Ini Gutierrez, Marco, , ,	tial) or Full O	rganization Name		Date o	f Receipt			
	Mailing Address 511 N. Depot Road				01	/ D D 17	/ Y	2020 <sup>°</sup>	Y
	City	State	Zip Code		Trans	saction ID :	SA11AI.4	19920	
	edinburg	ТХ	78541		Amoun	t of Each R	eceipt thi	s Period	
	FEC ID number of contributing federal political committee.	С				. , .	. ,	400.0	0
	Name of Employer (for Individual)	000	upation (for Individual)		М	lemo Item			
	selfemployed		sician		contribu				
	Receipt For:	1. 2		`		-			
	Primary General	Aggregate	Year-to-Date ▼ 400.00						
	Other (specify)		400.00						

SUBTOTAL of Receipts This Page (optional)			9		,	90	00.00	
TOTAL This Period (last page this line number only)	[		-	Į.	-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
A. Full Name of Individual (Last, First, Midd Mailing Address 511 N. Depot Road City edinburg	le Initial) or Full C	Zip Code 78541	Date of Receipt 02 20 2020 Transaction ID : SA11AI.49921
FEC ID number of contributing federal political committee.	С	upation (for Individual)	Amount of Each Receipt this Period 400.00 Memo Item
selfemployed Receipt For: Primary General Other (specify)		sician Year-to-Date ▼ 800.00	contribution
B. Gutierrez, Marco, , , Mailing Address 511 N. Depot Road	le Initial) or Full C		Date of Receipt
City edinburg FEC ID number of contributing federal political committee.	С	Zip Code 78541	Transaction ID : SA11AI.49922         Amount of Each Receipt this Period         400.00
Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	phy	upation (for Individual) sician Year-to-Date ▼ 1200.00	contribution
C. Full Name of Individual (Last, First, Midd Gutierrez, Miguel, , , Mailing Address 224 Lindberg	le Initial) or Full C	rganization Name	Date of Receipt
mcallen FEC ID number of contributing federal political committee.	С	78501	Amount of Each Receipt this Period
Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	phys	upation (for Individual) sician Year-to-Date ▼ 250.00	Memo Item contribution
SUBTOTAL of Receipts This Page (option	al)		1050.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

PAGE 53 OF

			Use separate schedule(s)	(check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	11b	11c	12							
			Detailed Summary Page		13	14	15	16	17						
	ny information copied from such Reports and S for commercial purposes, other than using the														
$\square$	NAME OF COMMITTEE (In Full)														
	BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Gutierrez, Miguel, , ,	ial) or Full C	organization Name		Date of F	Receipt									
	Mailing Address 224 Lindberg				м м 02	/ D 20	D / Y	ү ү 2020	Y						
	City	State	Zip Code		Transa	ction ID	: SA11AI	.49924							
	mcallen	TX	78501		Amount o	of Each I	Receipt th	nis Period							
	FEC ID number of contributing federal political committee.	С				-g=- 1		250.	00						
	Name of Employer (for Individual)		upation (for Individual)			no Item									
	selfemployed	phy	sician	c	ontributio	n									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		500.00												
В.	Full Name of Individual (Last, First, Middle Init Gutierrez, Miguel, , ,	ial) or Full C	organization Name		Date of F	Receipt									
	Mailing Address 224 Lindberg				03	/ 13	D / Y 3	2020	Y						
	City	State	Zip Code		Transa	tion ID	SA11AL	49925	_						
	mcallen	ТХ	78501					nis Period							
	FEC ID number of contributing federal political committee.	С				-11-1	-	250.	00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	C	Mer ontributio	no Item n									
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		750.00												
-	Full Name of Individual (Last, First, Middle Init Haddad, Victor, , ,	ial) or Full C	organization Name		Date of F	Bacaint									
0.	Mailing Address 4008 Burns Drive South				01	/ D 17		ү ү 2020	Y						
	City mcallen	State TX	Zip Code 78503				: SA11AI								
	FEC ID number of contributing federal political committee.	С					Receipt tr	his Period 400.	00						
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	c	Mer	no Item n									
	Receipt For:	1	Year-to-Date ▼												
	Primary General Other (specify)	Aggregate	400.00												
	UBTOTAL of Receipts This Page (optional)							900.	00						

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TOTAL This Period (last page this line number only)	L		-		7		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 54 OF

125

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	y information copied from such Reports and S for commercial purposes, other than using the																						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC																					
<u>А.</u>	Full Name of Individual (Last, First, Middle In Haddad, Victor, , ,	lame of Individual (Last, First, Middle Initial) or Full Organization Name dad, Victor, , ,										Date of Receipt											
	Mailing Address 4008 Burns Drive South				02 20 2020																		
	City	State	Zip Code		Transaction ID : SA11AI.49936																		
	mcallen	ТХ	78503	Amount of Each Receipt this Period																			
	FEC ID number of contributing federal political committee.	С		400.00																			
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item																			
	selfemployed	phys	ician	c	ontribu	tior	า																
	Receipt For:		Year-to-Date ▼																				
	Primary General	, iggi oguto		11.																			
	Other (specify)		800.00																				
В.	Full Name of Individual (Last, First, Middle In Haddad, Victor, , ,	itial) or Full Or	ganization Name		Date o	f R	eceipt																
	Mailing Address 4008 Burns Drive South	g Address 4008 Burns Drive South								03 13 2020													
	City	State	Zip Code		Transaction ID : SA11AI.49937																		
	mcallen	ТХ	78503		Amount of Each Receipt this Period																		
	FEC ID number of contributing federal political committee.	С			400.00						00												
	Name of Employer (for Individual) selfemployed	Occu phys	c	M ontribut		io Item	1																
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1200.00	]																			
с.	Full Name of Individual (Last, First, Middle In Hernandez, Ambrosio, , ,	itial) or Full Or	ganization Name		Date o	f R	eceipt																
	Mailing Address 2000 Dana				01	1		D 17	/ Y		)20 <sup>°</sup>	Y											
	City	State	Zip Code		Trans	sac	tion ID	) : S	A11AI.	499	47												
	Pharr	TX	78577		Amoun	t o	f Each	Re	ceipt th	is F	'eriod												
	FEC ID number of contributing federal political committee.	С			<u> </u>		5		y	_	400.0	00											
	Name of Employer (for Individual) selfemployed	Occu physi	pation (for Individual) cian	c	M		າວ Item າ	ו															
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼																					
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			9		9	-	1200.0	)0											

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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

(check only one)

**X** 11a 11b 11c 12 **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hernandez, Ambrosio, , , Α. Date of Receipt Mailing Address 2000 Dana 1 2020 02 20 City Zip Code State Transaction ID : SA11AI.49948 TΧ Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hernandez, Ambrosio, , , Date of Receipt Mailing Address 2000 Dana 03 13 2020 City State Zip Code Transaction ID : SA11AI.49949 ТΧ Pharr 78577 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hernandez, Maximiliano, , , Date of Receipt Mailing Address 301 Byron Nelson Drive М 01 17 2020 #40 Villas Jardin City State Zip Code Transaction ID : SA11AI.49955 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

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125

PAGE

55 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 56 OF

125

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17				
	y information copied from such Reports and SI for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Hernandez, Maximiliano, , , Mailing Address 301 Byron Nelson Drive #40 Villas Jardin	ial) or Full O	)rgar	ization Name		Date of Receipt									
	City	State		Zip Code		Trans	sact	ion ID	: SA11AI.						
	mcallen	ТХ		78503		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								250					
	Name of Employer (for Individual)	Occi	upati	ion (for Individual)		M	lemo	o Item							
	selfemployed	phys	sicia	n	C0	ontribu	tion								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00											
в.	Full Name of Individual (Last, First, Middle Init Hernandez, Maximiliano, , ,	ial) or Full O	)rgar	ization Name		Date o	f Re	eceipt							
	Mailing Address 301 Byron Nelson Drive #40 Villas Jardin			7. 0.1		03 / D D / Y Y Y Y Y 2020									
	City mcallen	State TX		Zip Code 78503					SA11AI.						
	FEC ID number of contributing federal political committee.	contributing						Amount of Each Receipt this Period							
	Name of Employer (for Individual) selfemployed	Occ phy	ion (for Individual) n	co	Memo Item contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 750.00											
с.	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , ,	ial) or Full O	rgar	ization Name		Date o	f Re	eceipt							
	Mailing Address 802 Inspiration Road					01 / D D / Y Y Y Y 01 17 2020									
	City	State TX		Zip Code 78577					: SA11AI						
	Pharr FEC ID number of contributing federal political committee.	C		10311		Amount of Each Receipt this Period									
selfemployed			upati siciar	ion (for Individual) า	C	N ontribu		o Item							
	Receipt For: Primary General Other (specify)	For: Aggregate A													
s	UBTOTAL of Receipts This Page (optional)			•				,		750	.00				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 57 OF

125

	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17				
	ny information copied from such Reports and Si for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , , Mailing Address 802 Inspiration Road	ial) or Full C	)rga	nization Name	Date of Receipt										
	City	State		Zip Code	-	02		20		2020					
	pharr	TX		78577	Transaction ID : SA11AI.49959										
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		N	lem	o Item							
	selfemployed	phy	sici	an	C(	ontribu	tion								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 500.00											
В.	Full Name of Individual (Last, First, Middle Init Hoffman, Maria, , , Mailing Address 802 Inspiration Road	ial) or Full C	Drga	nization Name	_	Date c	of Re	eceipt	D / Y	YY	Ý				
					03 13 2020										
	City	State		Zip Code		Trans	sact	ion ID :	SA11AL	49960					
	pharr	TX		78577	/	Amour	it of	Each I	Receipt th	is Period	ł				
	FEC ID number of contributing federal political committee.	С			250.00										
	Name of Employer (for Individual) selfemployed	Occ phy	ition (for Individual) an	co	contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	ar-to-Date ▼ , 750.00												
с.	Full Name of Individual (Last, First, Middle Init Honrubia, Vincent, , ,	ial) or Full C	Drga	nization Name		Date c	of Re	eceipt							
	Mailing Address 204 Rio Grande					<sup>M</sup> 01	<b>'</b>	D 17		ү ү 2020	Y				
	City	State TX		Zip Code		Tran	sac	tion ID	: SA11AI	49964					
	mission			78572	_ /	Amour	it of	Each I	Receipt th	is Period	ł				
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Name of Employer (for Individual) selfemployed			upa sicia	tion (for Individual) an	C	contribution									
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 400.00											
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TOTAL This Period (last page this line number only)...... 

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 58 OF

125

				Detailed Summary Page		_		11b	11c	12					
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	y information copied from such Reports and Stat for commercial purposes, other than using the n														
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)														
	BORDER HEALTH FEDERAL PA	4C													
Α.	Full Name of Individual (Last, First, Middle Initia Honrubia, Vincent, , ,	l) or Full	Orga	nization Name		Date o	f Re	ceipt							
	Mailing Address 204 Rio Grande					м м 02	/	20	/ Y	y y 2020	Y				
	City	State		Zip Code			acti		SA11AI.4		_				
	mission	TX		78572	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						-		400	0.00				
	Name of Employer (for Individual) selfemployed		cupa	tion (for Individual) an		M contribut		ltem							
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	Primary General Other (specify) V		-	800.00											
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В.	Full Name of Individual (Last, First, Middle Initia Honrubia, Vincent, , ,	l) or Full (	Orga	nization Name		Date o	f Re	ceipt							
	Mailing Address 204 Rio Grande					м м 03		13	/ Y	2020	Y				
	City	State		Zip Code	$\neg$	Transaction ID : SA11AI.49966									
	mission	ТХ		78572		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				40									
	Name of Employer (for Individual) selfemployed		cupa	tion (for Individual) an	c	Memo Item									
	Receipt For:	·		ar-to-Date 🔻											
	Primary General														
	Other (specify) <b>v</b>	L	y	1200.00											
С.	Full Name of Individual (Last, First, Middle Initia Husain, Syed, , Dr.,	l) or Full (	Orga	nization Name		Date o	f Re	ceipt							
	Mailing Address 7020 N. 1st					<sup>M</sup> 03	/	D D D 13	/ Y	2020 <sup>°</sup>	Y				
	City	State		Zip Code		Trans	sacti	ion ID :	SA11AI.4	49969					
	McAllen	ТХ		78504	_	Amoun	t of	Each R	eceipt thi	s Perio	d				
	FEC ID number of contributing federal political committee.					,	y	100	0.00						
	Name of Employer (for Individual)	Oc	cupa	tion (for Individual)	$\neg$	M	emo	Item							
	self-employee	an		contribu	tion										
		Aggregate	e Yea	ar-to-Date ▼											
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s	UBTOTAL of Receipts This Page (optional)									900	.00				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 59 OF

125

			Detailed Summary Page	'	<b>'</b> 11a		11b	11c	12							
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$\backslash$	NAME OF COMMITTEE (In Full)															
	BORDER HEALTH FEDERAL P	PAC														
Α.	Full Name of Individual (Last, First, Middle Initi Iglesias, Norma, , Dr.,	ial) or Full Or	ganization Name		Date o	f Re	eceipt									
	Mailing Address 712 S. Cage				01	/	D D 17	/ Y	ү ү 2020	Y						
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	49970							
	Pharr	TX	78577		Amoun	t of	Each R	eceipt th	is Perioc							
	FEC ID number of contributing federal political committee.	C		400.00												
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emo	o Item									
	self-employed	phys	cian	(	contribut	tion										
	Receipt For:	Aggregate `	/ear-to-Date ▼													
	Primary General		400.00	11												
	Other (specify)		400.00													
В.	Full Name of Individual (Last, First, Middle Initi Iglesias, Norma, , Dr.,	ial) or Full Or	ganization Name		Date o	f Re	eceipt									
	Mailing Address 712 S. Cage				M M 02	/	20	/ Y	2020	Y						
	City	State	Zip Code		Trans	act	ion ID :	SA11AL	49971							
	Pharr	ТХ	78577													
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period											
	Name of Employer (for Individual) self-employed	Occu	pation (for Individual) ician		Memo Item											
	Receipt For:		/ear-to-Date ▼													
	Primary General Other (specify) ▼	Aggregate	800.00													
_	Full Name of Individual (Last, First, Middle Initi	ial) or Full Or	ganization Name													
C.	<u> </u>			_	Date of											
	Mailing Address 712 S. Cage				03		13	/ Y	2020	Y						
	City	State	Zip Code		Trans	sact	tion ID :	SA11AI.	49972							
	Pharr	ТХ	78577	_	Amoun	t of	Each R	eceipt th	is Perioc							
	FEC ID number of contributing federal political committee.			400.00												
	Name of Employer (for Individual) self-employed	Occu physi	pation (for Individual) cian		Memo Item contribution											
	Receipt For:       Primary       General	Aggregate `	/ear-to-Date ▼													
	Other (specify)		1200.00													
s	UBTOTAL of Receipts This Page (optional)			•			5		1200.	00						

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         60         OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
			y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDER	AL PAC		
Full Name of Individual (Last, First, Midd Igoa, Jose, E., Dr., Mailing Address 3716 S 'J' Street	le Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.49973
McAllen	TX	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
selfemployed	phys	sician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Midd B. Igoa, Jose, E., Dr.,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3716 S 'J' Street			02 20 2020
City	State	Zip Code	Transaction ID : SA11AI 49974

ТΧ

McAllen

400.00
D / Y Y Y Y 3 2020
: SA11AI.49975
Receipt this Period
400.00

78503

Transaction ID : SA11AI.49974

Amount of Each Receipt this Period

125

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 61 OF

125

		Detailed Summary Page	×	-		11b	11c		12						
Any information copied from such R	onorte and Statements m	w not be sold or used by enviro		13	<u> </u>	14	15		16 ntribut	17					
or for commercial purposes, other th															
NAME OF COMMITTEE (In Full)															
BORDER HEALTH FE	DERAL PAC														
Full Name of Individual (Last, Fire A. Jinenez-Flores, Danielle, , D		rganization Name		Date of	f R	eceipt									
Mailing Address 4212 Lebanon				02	1	/ 20	) / Y	Y 2(	у 020	Y					
City	State	Zip Code		Trans	ac	tion ID :	SA11AL	499	86						
Edinburg	ТХ	78539	/	Amount	t of	i Each R	Receipt th	his Period							
FEC ID number of contributing federal political committee.	C					-		_	200.0	)0					
Name of Employer (for Individual	) Occ	upation (for Individual)		M	em	o Item									
self-employed	phy	sician	C	ontribut	ion	1									
Receipt For:	Aggregate	Year-to-Date V													
Primary General			11.												
Other (specify) ▼		400.00													
Full Name of Individual (Last, Fir: <b>B.</b> Jinenez-Flores, Danielle,		rganization Name		Date of	fR	eceipt									
Mailing Address 4212 Lebanon				M M 03	1	/ D D D 13	) / Y	20	)20	Y					
City	State	Zip Code		Trans	act	tion ID :	SA11AL	4998	37						
Edinburg	TX	78539	/				Receipt th								
FEC ID number of contributing federal political committee.	C								200.0	00					
Name of Employer (for Individual self-employed		Occupation (for Individual) physician					Memo Item contribution								
Receipt For:	Aggregate	Year-to-Date ▼													
Primary     General       Other (specify) ▼		600.00	1												
Full Name of Individual (Last, Fire C. Kalaf, Nelson, , ,	st, Middle Initial) or Full C	rganization Name		Date of	f R	eceipt									
Mailing Address 5401 N. 8th Stre	et			м м 01	1	/			)20	Y					
City	State	Zip Code		Trans	ac	tion ID :	SA11AI.	499	94						
mcAllen	TX	78504		Amount	t of	i Each R	Receipt th	is P	eriod						
FEC ID number of contributing federal political committee.	C					, .	. ,	_	250.0	00					
Name of Employer (for Individual selfemployed		upation (for Individual) sician	C	M ontribut		io Item									
Receipt For: Primary General	Aggregate	Year-to-Date ▼													
Other (specify)		250.00													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 62 OF

11	EMIZED RECEIPTS			ach category of the iled Summary Page	✗         11a         11b         11c         12           13         14         15         16         17	
	y information copied from such Reports and St for commercial purposes, other than using the				rson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC				
Α.	Full Name of Individual (Last, First, Middle Initi Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street	al) or Full O		tion Name	Date of Receipt	
	mcAllen	ТХ	· · ·	8504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer (for Individual) selfemployed		upation sician	(for Individual)	Memo Item contributon	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 500.00		
в.	Full Name of Individual (Last, First, Middle Initi Kalaf, Nelson, , , Mailing Address 5401 N. 8th Street	al) or Full O	rganizat	tion Name	Date of Receipt	
	City	State	Zip	Code		
	mcAllen	ТХ	78	8504	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer (for Individual) selfemployed					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼		
<u> </u>	Full Name of Individual (Last, First, Middle Initi Kanhere, Gauri, , ,	al) or Full O	rganizat	tion Name	Date of Receipt	
	Mailing Address 2548 Palm Circle				01 / D D / Y Y Y Y 01 17 2020	
	City rio grande city	State TX	· · ·	Code 3582	Transaction ID : SA11AI.49997           Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С			250.00	
	Name of Employer (for Individual) selfemployed		upation sician	(for Individual)	contribution	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			•••••	750.00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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**X** 11a 11b 11c 12 **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kanhere, Gauri, , , Date of Receipt Α. Mailing Address 2548 Palm Circle 1 2020 02 20 City Zip Code State Transaction ID : SA11AI.49998 TΧ rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kanhere, Gauri, , , Date of Receipt Mailing Address 2548 Palm Circle 03 13 2020 City State Zip Code Transaction ID : SA11AI.49999 ТΧ rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Kaplan, Adolfo, , Dr., Date of Receipt Mailing Address 7902 N. 2th Street MM 02 20 2020 City State Zip Code Transaction ID : SA11AI.50001 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE

63 OF

SCHEDULE A	(FEC Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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**X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kaplan, Adolfo, , Dr., Date of Receipt Α. Mailing Address 7902 N. 2th Street M M 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.50002 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kiani, Gholam, , , Date of Receipt Mailing Address 213 e. Xenops 01 2020 17 City State Zip Code Transaction ID : SA11AI.50009 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Kiani, Gholam, , , Date of Receipt Mailing Address 213 e. Xenops MM 02 20 2020 City State Zip Code Transaction ID : SA11AI.50010 ТΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

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64 OF

SCHEDULE A	(FEC	Form	3X)
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PAGE 65 OF

125

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c		12 16		17
	hy information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	f solicitir		ontribut	ons	
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Α.	Full Name of Individual (Last, First, Middle Init Kiani, Gholam, , ,	ial) or Full C	Organization Name		Date o	f Re	eceipt					
	Mailing Address 213 e. Xenops				03	1	D 13			2020	Y	
	City mcallen	State TX	Zip Code 78504	_				<b>SA11A</b> Receipt				
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	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Contribut		o Item					
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		750.00									
В.	Full Name of Individual (Last, First, Middle Init Klenz, Mary Elizabeth, , ,	ial) or Full C	Organization Name		Date o	f Re	eceipt					
	Mailing Address 5111 N. 10th Street				м м 02	1	20			020	Y	
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 66 OF

17		Use separate schedule(s)				(check only one)								
	EMIZED RECEIPTS		for each categ Detailed Sumn			<b>X</b> 11a		11b	11c	12		<b>.</b> ـ	,	
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Α.	Full Name of Individual (Last, First, Middle I Ledesma, Raul, , Dr.,	nitial) or Full O	rganization Name			Date of	of Re	eceipt						
	Mailing Address 5508 N. 1st Street					<sup>M</sup> 03	M /	D 13	D / Y	2020		]		
	City	State	Zip Code						SA11AI					
	McAllen	ТХ	78504		_	Amou	nt of	Each F	Receipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С								10	00.00			
	Name of Employer (for Individual)	Occ	upation (for Individ	dual)		N	Nemo	o Item						
	self-employed	phys	sician			contribu	ution							
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	Primary General			200.00	11.									
	Other (specify) ▼		-y	300.00	1									
в.	Full Name of Individual (Last, First, Middle I Linebarger, Dale, , ,	nitial) or Full O	rganization Name			Date of	of Re	eceipt						
	Mailing Address 901 West 9th Street #405					<sup>™</sup> 01	VI /	D 17	D / Y	2020		]		
	City	State	Zip Code						SA11AI.					
	austin	TX	78703		_	Amou	nt of	Each F	Receipt th	nis Peri	od			
	FEC ID number of contributing federal political committee.	С		400.00										
	Name of Employer (for Individual) self-employed	Occupation (for Individual) private investor					Memo Item contribution							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		<b>,</b> ,	400.00	]									
с.	Full Name of Individual (Last, First, Middle I Linebarger, Dale, , ,	nitial) or Full O	rganization Name			Date	of Re	eceipt						
	Mailing Address 901 West 9th Street #405					<sup>M</sup> 02	M /	D 20		2020		1		
	City	State	Zip Code			Tran	sact	tion ID	: SA11AI	.50043				
	austin	TX	78703		_	Amou	nt of	Each F	Receipt th	nis Peri	od			
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	Name of Employer (for Individual) self-employed		upation (for Individate investor	lual)		contrib		o Item						
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	Primary General Other (specify)			800.00	]									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 67 OF

			Detailed Summary Page		<b>4</b> 11a 13		11b 14	11c	12		47
	y information copied from such Reports and Si for commercial purposes, other than using the				for the		rpose of		g contri	ibutio	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F								_		
A.	Full Name of Individual (Last, First, Middle Init Linebarger, Dale, , ,         Mailing Address 901 West 9th Street         #405         City         austin         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General	State TX C Occu priva	Zip Code 78703 upation (for Individual) ate investor Year-to-Date ▼		Amour	sact nt of	tion ID : Each F		his Peri		
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Init Linsangan, Linette, , Dr., Mailing Address 105 E. Yellowhammer	ial) or Full O	rganization Name		Date o	_	eceipt		2020	Y	ſ
	City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employed Receipt For: Primary General Other (specify) ▼	Aggregate	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 300.00	c	Trans Amour	nt of Nemo	tion ID : f Each R	SA11AI. Receipt th	<b>.50047</b> his Peri		0
C.	Full Name of Individual (Last, First, Middle Init         Loja, Wilmer, , Dr.,         Mailing Address 105         E. Yellowhammer         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Self employed         Receipt For:         Primary       General         Other (specify)	State TX C Occu phys	rganization Name Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 300.00		Amour	sact nt of	tion ID : Each R		his Peri	)	0

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 68 OF

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17			Use separate schedule(s)	(cł	neck only	y on	e)	L			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c		12	<b>—</b> 17
	ny information copied from such Reports and St								g con		
or	for commercial purposes, other than using the	name and a	address of any political committee	to s	solicit co	ntrib	utions	from suc	h cor	mmitte	e.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC									
Α.	Full Name of Individual (Last, First, Middle Initi Lopez, Alfredo, , ,	al) or Full C	Drganization Name		Date of	f Re	ceipt				
	Mailing Address 7609 N. 24th Circle				м м 03	/	D 13			)20	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI	.5006	65	
	mcallen	ТХ	78504		Amount	t of	Each I	Receipt t	his Pe	eriod	
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	Other (specify) V	L	300.00								
в.	Full Name of Individual (Last, First, Middle Initi Mangi, Salil, , ,	al) or Full C	Drganization Name		Date of	f Re	ceipt				
	Mailing Address 3801 Sundown Court East				M M	/	D 17		202	20	Y
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	mcallen	ТХ	78503					Receipt t		-	
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	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Drganization Name								
C.	Mangi, Salil, , ,				Date of	f Re	ceipt				
	Mailing Address 3801 Sundown Court East	State	Zip Code		<sup>M</sup> 02		20	)	20	1	Y
	City mcallen	TX	78503					: SA11AI			
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	Name of Employer (for Individual) selfemployed		cupation (for Individual) rsician		Contribut		ltem				
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or	for commercial purposes, other than using the	name and a	iddro	ess of any political committee	to soli	cit coi	ntrib	utions	from	such	commit	tee.	
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC											
Α.	Full Name of Individual (Last, First, Middle Init Mangi, Salil, , ,	tial) or Full O	rga	nization Name	D	ate of	f Re	ceipt					
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	City mcallen	State TX		Zip Code 78503				on ID Each			<b>0077</b> s Period	4	
	FEC ID number of contributing federal political committee.	С	Ì							J	250		
	Name of Employer (for Individual) selfemployed	Occi phys	•	tion (for Individual) an	cor	M		Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 750.00									
В.	Full Name of Individual (Last, First, Middle Init Mangoo-Karim, Roberto, M., Dr., Mailing Address 3817 Sundown Ct	tial) or Full O	rga	nization Name		ate of	f Re	D		/ Y	YYY	Y	
	City	State		Zip Code		02		20			2020		
	McAllen	TX		78503				on ID Fach I	-		<b>0079</b> s Period	4	
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C.	Full Name of Individual (Last, First, Middle Init Mangoo-Karim, Roberto, M., Dr.,	tial) or Full O	rga	nization Name	D	ate of	f Re	ceipt					
	Mailing Address 3817 Sundown Ct					03	1	D 13		/ Y	y y 2020	Y	
	City McAllen	State TX		Zip Code 78503				on ID					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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PAGE 70 OF

125

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Manrique, Carlos, , , Mailing Address 116 Cardinal	ial) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.50081
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	selfemployed	phy	vsician	contribution
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General	1.1.1.1	100.00	
	Other (specify) <b>v</b>		400.00	
В.	Full Name of Individual (Last, First, Middle Init Manrique, Carlos, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 116 Cardinal			M M / D D / Y Y Y Y 02 20 2020
	City	State	Zip Code	Transaction ID : SA11AI.50082
	mcallen	ТХ	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician	Memo Item contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	]
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	Mailing Address 116 Cardinal			03 / D D / Y Y Y Y 2020
	City	State	Zip Code	Transaction ID : SA11AI.50083
	mcallen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contribution
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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PAGE 71 OF

125

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Full Name of Individual (Last, First, Mide         Marquez, Guillermo, , ,         Mailing Address 1702 Trinity Road         City         mission         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occuphys	Zip Code 78572 upation (for Individual) sician Year-to-Date ▼ 400.00		Amoun	saction t of Ea	17 <u>n ID :</u> ach F	SA11AI.	2020 50084 iis Period 400.	
Full Name of Individual (Last, First, Mide B. Marquez, Guillermo, , , Mailing Address 1702 Trinity Road City mission FEC ID number of contributing federal political committee.	State TX	Zip Code 78572		Amoun	) /	20 n ID : ach F	SA11AL	2020 50085 iis Period 400.	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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**X** 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martinez, Robert, , Dr., Α. Date of Receipt Mailing Address 2809 Santa Lydia 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.50089 TΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mata, Nelson, , Dr., Date of Receipt Mailing Address 1705 Palazzo 03 13 2020 City State Zip Code Transaction ID : SA11AI.50095 ТΧ Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Medina, Bertha, , , Date of Receipt Mailing Address 1300 1 1/2 Street М 01 17 2020 City State Zip Code Transaction ID : SA11AI.50105 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)

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PAGE

72 OF

SCHEDULE A	(FEC Form 3X)
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PAGE 73 OF

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
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SCHEDULE A	(FEC	Form	3X)
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PAGE 74 OF

125

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	Mailing Address 7120 Ware Road				03 13 2020										
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75 OF

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**X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Milano, Emil, , Dr., Α. Date of Receipt Mailing Address 225 E. Cornell 2020 03 13 City Zip Code State Transaction ID : SA11AI.50131 TΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mohamed, Carlos, N, , Jr. Date of Receipt Mailing Address 2821 Michael Angelo 03 13 2020 City State Zip Code Transaction ID : SA11AI.50137 ТΧ Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mohamed, Samira, T., Dr., Date of Receipt Mailing Address 324 Heron М 02 20 2020 City Zip Code State Transaction ID : SA11AI.50139 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 135.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 335.00 SUBTOTAL of Receipts This Page (optional).....

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125

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76 OF

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Full Name of Individual (Last, First, Middle   A. Mohamed, Samira, T., Dr.,	nitial) or Full C	Drganization Name	Date of Receipt					
Mailing Address 324 Heron			03 / D D / Y Y Y Y 2020					
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.50140 Amount of Each Receipt this Period					
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Mailing Address 7309 N. 4th Street			03 / D D / Y Y Y Y 2020					
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.50143           Amount of Each Receipt this Period					
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Mailing Address 1421 North 2nd Street			01 / D D / Y Y Y Y 01 17 2020					
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.50144 Amount of Each Receipt this Period					
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SCHEDULE A	(FEC Form 3X)
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PAGE 78 OF

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	City McAllen	State TX	Zip Code 78504		Transaction ID : SA11AI.50146 Amount of Each Receipt this Period
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Morales, Carlos, , ,	al) or Full C	organization Nam	ie	Date of Receipt
	Mailing Address 3325 Kent Lane				01 / Y Y Y Y 01 17 2020
	City mcallen	State TX	Zip Code 78503		Transaction ID : SA11AI.50150 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form	3X)
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**X** 11a 11b 11c 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Morales, Carlos, , , Date of Receipt Α. Mailing Address 3325 Kent Lane 1 2020 02 20 City Zip Code State Transaction ID : SA11AI.50151 TΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Morales, Carlos, , , Date of Receipt Mailing Address 3325 Kent Lane 03 13 2020 City State Zip Code Transaction ID : SA11AI.50152 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Moreno, Leonel, , , Date of Receipt Mailing Address 1608 Woods Drive М 01 17 2020 City State Zip Code Transaction ID : SA11AI.50156 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional).....

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125

PAGE

79 OF

SCHEDULE A	(FEC Form 3X)
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PAGE 80 OF

125

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	Mailing Address 1608 Woods Drive					м м 02	/	D D D 20	/ Y	y 2020		1				
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	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 750.00	]											
с.	Full Name of Individual (Last, First, Middle Ini O'Callaghan, William, , Dr.,	tial) or Full C	Organ	nization Name		Date of	f Re	ceipt								
	Mailing Address 111 NE Augusta Square					03	1	D 13	/ Y	Y 2020						
	City McAllen	State TX		Zip Code 78504				-	SA11AI. eceipt th		iod					
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			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
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Full Name of Individual (Last, First, Middle Ochoa, Ricardo, , Mr.,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2421 N. 'J' Street			03 / D D / Y Y Y Y 2020
City	State	Zip Code	Transaction ID : SA11AI.50176
McAllen	ТХ	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
self-employed	priva	ate investor	contribution
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В

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<b>3.</b> Ogunlana, Victor, , Dr.,			Date of Receipt					
Mailing Address 2604 Santa Teresa		M M / D D / Y Y Y Y 03 13 2020						
City	State	Zip Code	Transaction ID : SA11AI.50179					
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Name of Employer (for Individual) self-employed	Occup doctor	ation (for Individual)	Memo Item contribution					
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. Olveira, Noel, , Dr.,								
Mailing Address 9917 Bentsen Road	State	Zip Code	03 / 13 / 2020 Transaction ID : SA11AI.50185					
McAllen	TX	78504	Amount of Each Receipt this Period					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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**X** 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Orfanos, Athanaji, , Dr., Α. Date of Receipt Mailing Address 3013 Lakeshore Drive M M 1 2020 03 13 City State Zip Code Transaction ID : SA11AI.50188 Edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia 01 17 2020 #148 City State Zip Code Transaction ID : SA11AI.50198 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Otero, Fernando, , , Date of Receipt Mailing Address 121 E. Quamasia MM 02 20 2020 #148 City State Zip Code Transaction ID : SA11AI.50199 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

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PAGE

82 OF

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PAGE 83 OF

125

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and Statements may not be sold or used by a for commercial purposes, other than using the name and address of any political comm						
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	- PAC						
Full Name of Individual (Last, First, Middle Otero, Fernando, , ,         Mailing Address 121 E. Quamasia         #148         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C	Zip Code 78501 upation (for Individual) sician Year-to-Date ▼ 1200.00	Date of Receipt				
Full Name of Individual (Last, First, Middle         Owen, Kip, , ,         Mailing Address 2305 Red River         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) selfemployed         Receipt For:         Primary       General         Other (specify) ▼	State TX C	Zip Code 78572 upation (for Individual) rsician Year-to-Date ▼ 300.00	Date of Receipt				
C. Palimar, Prakash, , , Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer (for Individual) selfemployed Receipt For: Primary General Other (specify)	State TX C	Zip Code 78504 upation (for Individual) sician Year-to-Date ▼ 250.00	Date of Receipt				
SUBTOTAL of Receipts This Page (optional).			750.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

PAGE 84 OF

125

		Detailed Summary Page		<b>X</b> 11a		11b	11c		12		
		,		13		14	15		16		17
Any information copied from such Reports or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	RAL PAC										
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A. Palimar, Prakash, , ,			_	Date of	t Re	eceipt					
Mailing Address 121 Canary				м м 02	] '	20 <sup>20</sup>	) / Y		020	Y	
City	State TX	Zip Code		Trans	sact	tion ID :	SA11AI.	5 <b>0</b> 2	11		
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Full Name of Individual (Last, First, Mid B. Palimar, Prakash, , ,	ddle Initial) or Full C	Organization Name		Date o	f Re	eceint					
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City	State	Zip Code	_	03	4	13		-	020		
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Primary General	Aggregate	Year-to-Date ▼	- L.								
Other (specify) <b>v</b>		, 750.00	4								
Full Name of Individual (Last, First, Mid C. Pathak, Umesh, , ,	ddle Initial) or Full C	Organization Name		Date o	f Re	eceipt					
Mailing Address 2004 Alexander Drive				<sup>M</sup> 03	1	/ D D 13			)20 <sup>°</sup>	Y	
City	State	Zip Code		Trans	sac	tion ID :	SA11AL	502	15		
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FEC ID number of contributing federal political committee.	C			Ē		, .		_	100.0	)0	
Name of Employer (for Individual) selfemployed		upation (for Individual) sician		M contribu		io Item n					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
SUBTOTAL of Receipts This Page (optic	nal)		<u> </u>			, .	9	_	600.0	0	

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

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 85 OF

125

		Use separate schedule(s)			(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>×</b> 11a		11b	11c		12			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)		duress of any political committee	10 5			ulions			mmue			
	BORDER HEALTH FEDERAL P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Pean, Harold, J., Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 700 Brazos				03	/	13	D / Y		)20	Ŷ		
	City Mission	State TX	Zip Code 78572					SA11AI Receipt tl					
	FEC ID number of contributing federal political committee.	С			Amouni	. 01				enou 100.0			
	Name of Employer (for Individual) Self employed		upation (for Individual) sician		Contribut		Item						
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify) ▼		300.00										
В.	Full Name of Individual (Last, First, Middle Initia Pechero, Guillermo, , Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 2312 La Condesa				01 / D D / Y Y Y Y 01 17 2020								
	City Edinburg	State TX	Zip Code 78539					SA11AL		-			
	FEC ID number of contributing federal political committee.	С				. 01		Receipt t		400.0	0		
	Name of Employer (for Individual) self-employed		upation (for Individual) sician		Mo		Item						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Other (specify) ▼		400.00										
с.	Full Name of Individual (Last, First, Middle Initia Pechero, Guillermo, , Dr.,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 2312 La Condesa				<sup>M</sup> 02	1	20			20	Y		
	City Edinburg	State TX	Zip Code 78539	_			-	SA11AI Receipt th		-			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	 y		400.0	0		
	Name of Employer (for Individual) self-employed		upation (for Individual) sician		Contribut		Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 800.00										
s	UBTOTAL of Receipts This Page (optional)		▶				,			900.0	0		

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

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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

FOR LINE NUMBER:

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**X** 11a 11b 11c 12 **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Pechero, Guillermo, , Dr., Α. Date of Receipt Mailing Address 2312 La Condesa 2020 03 13 City Zip Code State Transaction ID : SA11AI.50221 Edinburg TΧ 78539 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pena, Diamantina, , Ms, Date of Receipt Mailing Address 308 Tulip 01 17 2020 City State Zip Code Transaction ID : SA11AI.50225 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employed private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pena, Diamantina, Ms. Date of Receipt Mailing Address 308 Tulip М M 02 20 2020 City Zip Code State Transaction ID : SA11AI.50226 ТΧ McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	L		9		,		0.00	)
TOTAL This Period (last page this line number only)	Γ	Į.	-	i.	-		-	

125

PAGE

86 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 87 OF

125

		Use separate schedule(s)			(check only one)									
			for each category of the Detailed Summary Page		<b>X</b> 11a	11b	11c	12 16	17					
	y information copied from such Reports and St for commercial purposes, other than using the				n for the	purpose of	soliciting c	ontributi	ons					
$\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC												
Δ.	Full Name of Individual (Last, First, Middle Initi Pena, Diamantina, , Ms,	ial) or Full O	Organization Name		Date of	Receipt								
	Mailing Address 308 Tulip				03 / 13 / 2020 Transaction ID : SA11AI.50228									
	City	State	Zip Code											
	McAllen	ТХ	78504		Amount	of Each R	eceipt this	Period						
	FEC ID number of contributing federal political committee.	С						400.0	0					
	Name of Employer (for Individual) self-employed		upation (for Individual) rate investor		Contribut	emo Item ion								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General Other (specify) ▼		1200.00											
в.	Full Name of Individual (Last, First, Middle Initi Pena, Jose, , ,	ial) or Full O	Organization Name		Date of	Receipt								
	Mailing Address 100 Bluebird				01 17 2020									
City		State TX		Transaction ID : SA11AI.50229 Amount of Each Receipt this Period										
	mcallen FEC ID number of contributing		78504		Amount	of Each R	eceipt this	Period	_					
	federal political committee.	C			400.00									
	Name of Employer (for Individual) selfemployed		cupation (for Individual) /sician		Contributi									
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼											
	Other (specify) ▼	400.00												
с.	Full Name of Individual (Last, First, Middle Initi Pena, Jose, , ,	ial) or Full O	Organization Name		Date of	Receipt								
	Mailing Address 100 Bluebird				M M 02	/ D D 20		2020	Y					
	City mcallen	State TX	Zip Code 78504				SA11AI.50 eceipt this		_					
	FEC ID number of contributing federal political committee.	С				, <u> </u>	, j	400.0	0					
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		M contribut	emo Item ion								
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FEC Schedule A (Form 3X) Rev. 06/2016

100

1.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 88 OF

125

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 13 14	11c 12 15 16 17									
Any information copied from such Report or for commercial purposes, other than u			person for the purpose of so	oliciting contributions									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC												
Full Name of Individual (Last, First, M Pena, Jose, , , Mailing Address 100 Bluebird	iddle Initial) or Full O	rganization Name	Date of Receipt	/ Y Y Y Y Y Y									
	Chata	Zin Oada	03 13 2020										
City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.50231										
		10004	Amount of Each Rec	eipt this Period									
FEC ID number of contributing federal political committee.	С		400.00										
Name of Employer (for Individual)	Оссі	pation (for Individual)	Memo Item										
selfemployed	phys	sician	contribution										
Receipt For:	Aggregate	Year-to-Date V											
Primary General			1										
Other (specify) <b>v</b>		1200.00											
Full Name of Individual (Last, First, M B. Pena, Raul, , Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3500 San Clemente			02 20	2020									
City	State	Zip Code	Transaction ID : SA	) · SA11AL50233									
Mission	ТХ	78572	Amount of Each Rec										
FEC ID number of contributing federal political committee.	C			125.00									
Name of Employer (for Individual) self-employed		upation (for Individual) sician	Memo Item										
Receipt For:		Year-to-Date ▼	1										
Other (specify) ▼		250.00											
Full Name of Individual (Last, First, M C. Pena, Raul, , Dr.,	iddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3500 San Clemente			03 / D D 03 13	/ Y Y Y Y 2020									
City	State	Zip Code	Transaction ID : SA	A11AI.50234									
Mission	ТХ	78572	Amount of Each Rec	eipt this Period									
FEC ID number of contributing federal political committee.	С			125.00									
Name of Employer (for Individual) self-employed	Occu phys	ipation (for Individual) ician	Memo Item contribution										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	1										
SUBTOTAL of Receipts This Page (opti	onal)			650.00									

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

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE (check only							
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12				
		Detailed Summary Page	13	14	15	16				
Any information copied from such Reports a	nd Statements m	ay not be sold or used by any p	erson for the	purpose of s	soliciting	contribu	itions			
or for commercial purposes, other than using	the name and a	address of any political committe	e to solicit con	tributions fro	om such	commit	tee.			
BORDER HEALTH FEDERA	L PAC									
Full Name of Individual (Last, First, Middle	e Initial) or Full C	Organization Name								
Penalo, Pedro, , Dr.,			Date of	Receipt						
Mailing Address 906 S. Bridge			M M	/ D D	/ Y	ΥΥ	Y			
O:h	Otata	Zin Oode	02	20		2020				
City Weslaco	State TX	Zip Code 78596		action ID : S						
		10000	Amount	of Each Re	eceipt this	s Period	1			
FEC ID number of contributing federal political committee.	С					200.	.00			
					-)					
Name of Employer (for Individual)		Occupation (for Individual)		Memo Item						
Self employed Receipt For:	phy	sician	contributi	on						
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) V		400.00								
		45 45 46								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	Organization Name								
B. Penalo, Pedro, , Dr.,			Date of	Receipt						
Mailing Address 906 S. Bridge			M M	/ D D	/ Y	Y Y	Y			
City	State	Zip Code	03	13		2020				
Weslaco	TX	78596		action ID : S of Each Re						
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federal political committee.	C					200.	.00			
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Primary General	Aggregate	Year-to-Date ▼								
Other (specify) ▼		600.00								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	Organization Name								
Pereira, Nicholas, , Dr.,			Date of	Receipt						
Mailing Address 7005 North Cynthia			03	/ D D 13	/ Y	y y 2020	Y			
			03	13		<u> ~ ~ ~ </u>				
City	State	Zip Code	Trans	action ID · ·	SA11AI 5	0240				
City McAllen	State TX	Zip Code 78504		action ID : S						
				action ID : \$ of Each Re			-			

FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) self-employee	Occupation (for Individual) physician	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	

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

125

17

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

**X** 11a 11b 11c 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Perez, Florencia, , Dr., Α. Date of Receipt Mailing Address 4600 Victoria M M 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.50246 TΧ McAllen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved private investor contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking 01 2020 17 City State Zip Code Transaction ID : SA11AI.50250 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Pierson, Claudia, , , Date of Receipt Mailing Address 6912 N. Peking MM 02 20 2020 City State Zip Code Transaction ID : SA11AI.50251 ТΧ mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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

125

PAGE

90 OF

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 91 OF

125

				Detailed Summary Page	×	11a 13		11b 14	11c	$\vdash$	12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the					or the		oose of	soliciting		ntribut	tions				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F				2 10 30				ioni such							
A.	Full Name of Individual (Last, First, Middle Initi Pierson, Claudia, , , Mailing Address 6912 N. Peking	Date of Receipt														
	City mcallen	State TX		Zip Code 78501		Trans		on ID :	SA11AI.	502	52					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 400.00											
	Name of Employer (for Individual) selfemployed Receipt For:	phy	/sicia	ion (for Individual) n r-to-Date ▼	co	Me		Item								
	Primary General Other (specify) ▼	Aggregate	, rea	1200.00	1											
в.	Full Name of Individual (Last, First, Middle Initi Preciado, Sergio, , ,	ial) or Full C	Drgar	nization Name	Date of Receipt											
	Mailing Address 521 E. Bluebird	Ctoto		Zin Code		01 / D D / Y Y Y Y 01 17 2020										
	City mcallen	State TX		Zip Code 78504					SA11AI.5							
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this					250.0	00				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 250.00	]											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Preciado, Sergio, , ,	ial) or Full C	Drgar	nization Name		Date of	f Re	ceipt								
	Mailing Address 521 E. Bluebird					<sup>M</sup> 02	/	20	/ Y		)20 <sup>°</sup>	Y				
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	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 500.00	1											
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

(check only one)

**X** 11a 11b 12 11c **Detailed Summary Page** 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Preciado, Sergio, , , Date of Receipt Α. Mailing Address 521 E. Bluebird 1 2020 03 13 City Zip Code State Transaction ID : SA11AI.50258 TΧ mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Ernesto, , Dr., Date of Receipt Mailing Address P.O.Box 720298 03 13 2020 City State Zip Code Transaction ID : SA11AI.50276 ТΧ McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing С 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) self-employee contribution physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Ramirez, Sergio, , , Date of Receipt Mailing Address 1608 Woods Drive М 01 17 2020 City State Zip Code Transaction ID : SA11AI.50280 ТΧ mission 78572 Amount of Each Receipt this Period FEC ID number of contributing С 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional).....

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

125

PAGE

92 OF

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

PAGE 93 OF

125

		Detailed Summary Page	×	11a		11b	11c		12									
				13		14	15		16	17								
Any information copied from such Reports or for commercial purposes, other than us																		
NAME OF COMMITTEE (In Full)	<u> </u>																	
BORDER HEALTH FEDEI	RAL PAC																	
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name																
A. Ramirez, Sergio, , ,			L	Date of	t Re	eipt												
Mailing Address 1608 Woods Drive			02 20 2020															
City	State	Zip Code	-		act	a second s	SA11AI.	1.00	- 10 M									
mission	ТХ	78572	Amount of Each Receipt this Period															
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federal political committee.	С		250.00															
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Other (specify) <b>v</b>		500.00																
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Full Name of Individual (Last, First, Mi B. Ramirez, Sergio, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt															
Mailing Address 1608 Woods Drive																		
Maining Address 1608 Woods Drive			03 13 2020															
City	State	State Zip Code					Transaction ID : SA11AI.50282											
mission	ТХ	78572	Amount of Each Receipt this Period															
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federal political committee.	U		250.00															
Name of Employer (for Individual)	Occ	Occupation (for Individual)					Memo Item											
selfemployed	phy	sician	contribution															
Receipt For:	Aggregate	Year-to-Date 🔻																
Primary General Other (specify) ▼		750.00	11															
Other (specify) V		, 130.00	41.0															
Full Name of Individual (Last, First, Mi	ddle Initial) or Full O	rganization Name																
c. Reddy, Vangala, , ,	,	•	[	Date of	f Re	eceipt												
Mailing Address 605 Tulip				MM	/				Y	Y								
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federal political committee.	C					y			200.0	)0								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 94 OF

125

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC	
Full Name of Individual (Last, First, Middle Initial Reddy, Vangala, , ,         Mailing Address 605 Tulip         City         mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	II) or Full Organization Name          State       Zip Code         TX       78504         C       Occupation (for Individual)         physician       Aggregate Year-to-Date ▼         600.00       000	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         Restrepo, William, , ,         Mailing Address 1117 S. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify) ▼	I) or Full Organization Name State Zip Code TX 78504 C Occupation (for Individual) physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initial         Restrepo, William, , ,         Mailing Address 1117 S. Cynthia         City         mcallen         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         selfemployed         Receipt For:         Primary       General         Other (specify)	II) or Full Organization Name          State       Zip Code         TX       78504         C       Occupation (for Individual)         physician       Aggregate Year-to-Date ▼         800.00       00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 1000.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 95 OF

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		Detailed Summary Page	×	-		11b	11c		12							
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BORDER HEALTH FÉDER	AL PAC															
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Mailing Address 1117 S. Cynthia			03 / D D / Y Y Y Y 03 13 2020													
City	State	Zip Code		Trans	acti	on ID :	SA11AL	5030	00							
mcallen	ТХ	78504	Amount of Each Receipt this Period													
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Receipt For:				ontribut	.1011											
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Mailing Address 3214			Date of Receipt 02 20 2020													
Banyan Circle																
City	State	Zip Code	Transaction ID : SA11AI.50302													
Harlingen	ТХ	78550		Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С			125.00												
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 96 OF

125

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
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Α.	Full Name of Individual (Last, First, Middle In Rivas, Homero, , , Mailing Address 100 E. Houston	nitial) or Full O	Zip Code	Date of Receipt								
	mcallen	TX	78501	Transaction ID : SA11AI.50304								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	selfemployed	phys	sician	contribution								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
_	Full Name of Individual (Last, First, Middle In	nitial) or Full O	rganization Name									
В.	Rivas, Homero, , ,			Date of Receipt								
	Mailing Address 100 E. Houston			02 20 Y Y Y Y 02 20 2020								
	City	State	Zip Code	Transaction ID : SA11AI.50305								
	mcallen	TX	78501	Amount of Each Receipt this Period								
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00									
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	Mailing Address 100 E. Houston			03 13 Y Y Y Y Y 2020								
	City	State	Zip Code	Transaction ID : SA11AI.50306								
	mcallen	TX	78501	Amount of Each Receipt this Period								
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	Name of Employer (for Individual) selfemployed	Occu phys	upation (for Individual) ician	contribution								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	]								
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 97 OF

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BORDER HEALTH FÉDERA	L PAC																			
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Mailing Address 1217 S. Cynthia			01 17 Y Y Y Y 02020																	
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 98 OF

125

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	for commercial purposes, other than using the																
NAME OF COMMITTEE (In Full)																	
	BORDER HEALTH FEDERAL P																
Α.	Full Name of Individual (Last, First, Middle Initia Ruiz, Henry, E., Dr.,	al) or Full	Orga	anization Name		Date of	Poo	oint									
А.	Mailing Address 208 W. Pelician				-		neu	•		N	N/	X					
						02 <sup>M</sup>	/	20	/ Y	20	020	Y					
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в.	Ruiz, Henry, E., Dr.,				- '	Date of	Rec	•									
	Mailing Address 208 W. Pelician				03 13 2020												
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	federal political committee.	U															
	Name of Employer (for Individual)	0	ccupa	ation (for Individual)		Memo Item											
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	Primary General Other (specify) ▼			450.00													
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с.	Full Name of Individual (Last, First, Middle Initia Saenz, Javier, , ,	al) or Full	Orga	anization Name		Date of	Rec	eipt									
	Mailing Address 2308 Monaco Drive					м м 01	/	D D D	/ Y		)20	Y					
	City	State		Zip Code	-		actio		SA11AI.5		1.00	_					
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	federal political committee.	С				<u></u> _	,	_	<b>y</b>	_	400.0	00					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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PAGE 99 OF

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				Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17							
	y information copied from such Reports and Star for commercial purposes, other than using the n					or the		pose of	solicitir		ntribut	tions							
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA											-							
A.	Full Name of Individual (Last, First, Middle Initia Saenz, Javier, , ,	l) or Full Oi	rgar	nization Name	1	Date of	Re	eceipt											
	Mailing Address 2308 Monaco Drive	1				<sup>M</sup> 02	1	20		2	020	Y							
	City mission	State TX		Zip Code 78574		Transaction ID : SA11AI.50334 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			400.00														
	Name of Employer (for Individual) selfemployed	Occu phys	•	ion (for Individual) n	co	Memo Item contribution													
	Receipt For:         Primary       General         Other (specify) ▼	ry General Aggregate Year-to-Date ▼						]											
B.	Full Name of Individual (Last, First, Middle Initia Saenz, Javier, , ,	Date of Receipt																	
	Mailing Address 2308 Monaco Drive						03 / D D / Y Y Y Y 2020												
	City mission	State     Zip Code       TX     78574				Transaction ID : SA11AI.50335 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.					400.00													
	Name of Employer (for Individual) selfemployed	Occu phys	•	tion (for Individual) an	cc	Memo Item contribution													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1200.00	]														
с.	Full Name of Individual (Last, First, Middle Initia Saenz, JJ, , ,	l) or Full Oi	rgar	nization Name		Date of	Re	eceipt											
	Mailing Address 2400 S.E. Augusta Square					<sup>M</sup> 01	/	D 17			020 <sup>°</sup>	Y							
	City mcallen	State TX		Zip Code 78503					SA11A Receipt 1										
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	Name of Employer (for Individual) selfemployed Receipt For:	Occupation (for Individual) physician			C(	Montribut		o Item											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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**X** 11a

13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Saenz, JJ, , , Date of Receipt Α. Mailing Address 2400 S.E. Augusta Square M M 1 2020 02 20 City Zip Code State Transaction ID : SA11AI.50340 TΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemploved physician contribution Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Saenz, JJ, , , Date of Receipt Mailing Address 2400 S.E. Augusta Square 03 13 2020 City State Zip Code Transaction ID : SA11AI.50341 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Safir, Larry, , , Date of Receipt Mailing Address 3300 S. 2nd MM 01 17 2020 suite 10 City State Zip Code Transaction ID : SA11AI.50342 ТΧ mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing С 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) contribution self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional).....

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PAGE 100 OF

11c

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 101 OF

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NAME OF COMMITTEE (In Full)															
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Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name													
A. Safir, Larry, , ,			_	Date of	f R	eceipt									
Mailing Address 3300 S. 2nd				MM	1				Y 000	Y					
suite 10	State	Zin Code	_	02	4	20		1.0	020	_					
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		10000	Amount of Each Receipt this Period												
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suite 10	1			03	J.	13	_ L	20	020						
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Primary General	Aggregate		11.												
Other (specify)		1200.00	4												
Full Name of Individual (Last, First, Middle C. Salazar, Juan, , ,	Initial) or Full O	rganization Name		Date of	fR	eceipt									
Mailing Address 801 E Nolana Loop				01 17 2020											
City	State	Zip Code		Trans	sac	tion ID :	SA11AL	.503	45						
McAllen	ТХ	78504		Amoun	t o	Each F	Receipt th	nis F	Period						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 102 OF

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			erson for the purpose of soliciting co e to solicit contributions from such co										
NAME OF COMMITTEE (In BORDER HEALTH	Full)												
Full Name of Individual (Las         A.       Salazar, Juan, , ,         Mailing Address       801 E Nola	st, First, Middle Initial) or Full O na Loop	rganization Name	Date of Receipt										
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.503 Amount of Each Receipt this F										
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Full Name of Individual (Las C. Salinas, Mariano, , I	st, First, Middle Initial) or Full O Dr.,	rganization Name	Date of Receipt										
Mailing Address 2203 Red F				020									
City mission	State TX	Zip Code 78572	Transaction ID : SA11AI.503 Amount of Each Receipt this R										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 103 OF

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$\setminus$	NAME OF COMMITTEE (In Full)																
$\left \right\rangle$	BORDER HEALTH FEDERAL P	PAC															
Α.	Full Name of Individual (Last, First, Middle Initi Sanchez, Elisa, Garza, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt										
	Mailing Address 3509				M M	/	/ D . [	р / Ү	Y	Y	Y						
	N. Glasscock				02		20		2	020							
	City	State	Zip Code		Trans	act	tion ID :	SA11AI.	503	55							
	Mission	TX	78574	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С					-			125.0							
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	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name														
В.	Sanchez, Elisa, Garza, ,				Date of	f Re	eceipt										
	Mailing Address 3509		M = M / D = D / Y = Y = Y														
	N. Glasscock							03 13 2020									
	City	State		Transaction ID : SA11AI.50356													
	Mission	TX	78574		Amount	t of	Each F	Receipt th	is F	Period							
	FEC ID number of contributing federal political committee.	С								125.0	00						
	Name of Employer (for Individual) Self employed	Occ phy	c	Memo Item contribution													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00														
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Sanchez, Manuel, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt										
	Mailing Address 2804 Santa Lydia				03	1	13			) 20	Y						
	City	State	Zip Code		Trans	act	tion ID :	SA11AI.	503	59							
	mission	ТΧ	78572		Amount	t of	Each F	Receipt th	is F	Period							
FEC ID number of contributing federal political committee.		С			100.00												
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	c	Memo Item contribution												
	Receipt For:	Aggregate	Year-to-Date V														
	Primary       General         Other (specify)       300.00																
s	UBTOTAL of Receipts This Page (optional)		<b>\</b>							350.0	00						

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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PAGE 104 OF

125

••			Detailed Summary Page		<b>K</b> 11a		11b	11c		12					
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	ny information copied from such Reports and s for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)	_													
	BORDER HEALTH FEDERAL	PAC													
Α.	Full Name of Individual (Last, First, Middle In Serna, Samuel, , Dr.,	nitial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 125 E. Cornell			M         M         /         D         /         Y											
	City	State	Zip Code		Trans	sact	tion ID:	SA11AI.	5037 <sup>°</sup>	1					
	McAllen	TX	78504		Amoun	t of	Each R	eceipt th	iis Pe	riod					
	FEC ID number of contributing federal political committee.	С			<u> </u>					100.0	0				
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	lem	o Item								
	self-employee	phys	sician		contribu	tion									
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	Primary General			11.											
	Other (specify) <b>v</b>		300.00												
в.	Full Name of Individual (Last, First, Middle In Shuaib, Tawhid, , ,	nitial) or Full O	rganization Name		Date o	fRe	eceipt								
	Mailing Address 4000 Burns Drive				01	1	D D D 17	/ Y	202	20	Y				
	City	State	Zip Code		Trans	act	tion ID : S	SA11AL	5037!	5					
	mcallen	ТХ	78503				Each R								
	FEC ID number of contributing federal political committee.	С						- 7-		400.0	0				
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]											
с.	Full Name of Individual (Last, First, Middle In Shuaib, Tawhid, , ,	nitial) or Full O	rganization Name		Date o	f Re	eceipt								
	Mailing Address 4000 Burns Drive				02	/	20	/ Y	y 202	20	Y				
	City	State	Zip Code		Trans	sac	tion ID :	SA11AI.	5037	6					
	mcallen	ТХ	78503	_	Amoun	t of	Each R	eceipt th	is Pe	riod					
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		Occu phys	upation (for Individual) ician		Memo Item contribution										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	]											
s	UBTOTAL of Receipts This Page (optional)			•			, ,		ę	900.0	0				

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SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 105 OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee.         Number OF COMMITTEE (in Full)         BORDER HEALTH FEDERAL PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Shuaib, Tawind,         Mailing Address 4000 Burns Drive         City         mealen         TX         REC ID number of contributing federal political committee.         Name of Employer (for Individual)         Deter of Individual (Last, First, Middle Initial) or Full Organization Name         B. Slazvin, Dennis,         Mailing Address 1601 S. Oktahoma         City         Instruction (City)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Slazvin, Dennis,         Mailing Address 1601 S. Oktahoma         City         weakace         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Slazvin, Dennis,         Mailing Address 405 E. Avocet         TX       78596         FEC ID number of contributing federal political committee.         Primary       General         Other (specify) w       State         Receipt For		EMIZED RECEIPTS		for each category of Detailed Summary		✗         11a         11b         11c         12           13         14         15         16         17							
BORDER HEALTH FEDERAL PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Shuaib, Tawhid, , ,         Mailing Address 4000 Burns Drive         City         mcallen         State         Tassaction ID : SATIALS0377         Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.         Participy         General         Other (specify) ▼         Fall Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Slavin, Dennis, , ,         Mailing Address 1501 S. Oklahoma         City         westace         FEC ID number of contributing federal political committee.         City         westace         FEC ID number of contributing federal political committee.         City         westace         Feal Name of Individual (Last, First, Middle Initial) or Full Organization Name         Solits, Joel, , ,         Mailing Address 405 E. Avocet         City         Mailing Address 405 E. Avocet         City         Mailing Address 405 E. Avocet         City         Mailing Address 405 E. Avocet         City <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th></tr<>													
A. Shuaib, Tawhid,       Date of Receipt         Mailing Address 4000 Burns Drive       03 / 13 / 2020         City       TX 78503         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         physician       Marine of Employer (for Individual)         Receipt For:			PAC										
City       State       Zip Code       Tamsaction ID : SA11AL50377         Mailing Address 1501 S. Oklahoma       C       Tamsaction ID : SA11AL50377         City       City       Aggregate Year-to-Date ▼         Mailing Address 1501 S. Oklahoma       Ta       78506         City       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Date of Receipt         B. Slavin, Dennis, , ,       Mailing Address 1501 S. Oklahoma       Tamsaction ID : SA11AL50386         City       State       Zip Code         Weslaco       Ta       78506         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)       Primary         Other (specify) ▼       Aggregate Year-to-Date ▼       00.00         Name of Employer (for Individual)       Occupation (for Individual)       Primary         Other (specify) ▼       Aggregate Year-to-Date ▼       Other (specify) ▼         City       State       Zip Code       Tamsaction ID : SA11AL50391         Mailing Address 405 E. Avocet       C       Solo,00       Tamsaction ID : SA11AL50391         City       State       Zip Code       Tamsaction ID : SA11AL50391 <td< th=""><th>Α.</th><th>o</th><th>tial) or Full C</th><th>Organization Name</th><th></th><th>Date of Receipt</th></td<>	Α.	o	tial) or Full C	Organization Name		Date of Receipt							
mealen       TX       78503         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer Becept For:       Occupation (for Individual) physician       Memo Item contribution         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Slavin, Dennis, , , , Malling Address 1501 S. Oktahoma       City weslacc       TX       78596         FEUI Number of contributing federal political committee.       C       Tamsaction ID : SA114L50386         Name of Employer (for Individual)       Occupation (for Individual) physician       Date of Receipt         Receipt For:       TX       78596         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Memo Item contribution         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼         Other (specify) ▼       Aggregate Year-to-Date ▼       Other (specify) ▼         Maling Address 405 E. Avocet       TX       78501         Cly Maalen       State TX       T2p Code TX       Tamsaction ID : SA11AL50391         Amount of Each Receipt Inis Period       150.00       Memo Item contribution         V       State TX       T8501       Memo Item contribution         Maling Address 405 E. Avocet       <		-											
federal political committee.       V       40000         Name of Employer (for Individual) selfemployed Primary       General Other (specify) ▼       Occupation (for Individual) physician       Memo Item contribution         Receipt For: B. Slavin, Dennis, , , Mailing Address 1501 S. Oklahoma       Aggregate Year-to-Date ▼       Date of Receipt         Image: Clip westaco       Tx       78596       Transaction JD : SA11AL50386 Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       100.00       Memo Item contribution         Name of Employer (for Individual) selfemployed       Occupation (for Individual) physician       Occupation (for Individual) physician       Date of Receipt         Receipt For: Primary       General Other (specify) ▼       Occupation (for Individual) physician       Date of Receipt         Mailing Address 405 E. Avocet       C       00.00       Transaction ID : SA11AL50391         City       Mailing Address 405 E. Avocet       C       02       2020         City       Transaction ID : SA11AL50391       Amount of Each Receipt this Period       150.00         FEC ID number of contributing federal political committee.       C       Memo Item contribution       02       2020         Name of Employer (for Individual) self-employed       State Tx       Tgp Code Tx       Amount of Each Receipt this Period <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>													
selferployed       physician       contribution         Receipt For:		8	С			400.00							
Primary       General       Aggregate real-docate ▼         Other (specify) ▼       1200.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Slavin, Dennis, , ,       Mailing Address 1501 S. Oklahoma       03 / 0.13 / 2020         City       State       Zip Code         westaco       TX       78596         FEC ID number of contributing federal political committee.       Occupation (for Individual) physician       Memo Item contribution         Receipt For:       Aggregate Year-to-Date ▼       Memo Item contribution       Date of Receipt         View of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Memo Item contribution         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         City       State       Zip Code       Transaction ID : SA11AL50396       Date of Receipt         Mailing Address 405 E. Avocet       City       State       Zip Code       Transaction ID : SA11AL50391         Meaning Address 405 E. Avocet       City       State       Zip Code       Transaction ID : SA11AL50391         Maunt of Each Receipt for:       Maunt of Each Receipt this Period       150.00       Memo Item contribution         FEC ID number of co		selfemployed		,	1								
B. Slavin, Dennis, , ,       Mailing Address 1501 S. Oklahoma         Mailing Address 1501 S. Oklahoma       Zip Code         City       State       Zip Code         Tx       78596         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) selfemployed       Occupation (for Individual) physician         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Mailing Address 405 E. Avocet       TX         City       State       Zip Code         Mailing Address 405 E. Avocet       TX         City       State       Zip Code         Mailing Address 405 E. Avocet       TX         City       State       Zip Code         Mailing Address 405 E. Avocet       TX       78501         FEC ID number of contributing federal political committee.       C       Mailing Address 405 E. Avocet         Receipt For:       Image: Contributing federal political committee.       Mailing Address 405 E. Avocet         Receipt For:       Mailing Address 405 E. Avocet       Mailing Address 405 E. Avocet         Primary       General       Occupation (for Individual) physician       Mailing Address 405 E. Avocet		Primary General	Aggregate		200.00								
City       State       Zip Code         weslaco       Tx       78596         FEC ID number of contributing       C       100.00         name of Employer (for Individual)       Occupation (for Individual)       100.00         selfemployed       Aggregate Year-to-Date ▼       00         Primary       General       300,00         Other (specify) ▼       Aggregate Year-to-Date ▼       02         City       State       Zip Code         Mailing Address 405 E. Avocet       02       20         City       State       Zip Code         Mcallen       Tx       78501       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       100.00         Mailing Address 405 E. Avocet       02       20       20         City       State       Zip Code       Tx       78501         FEC ID number of contributing tederal political committee.       C       150.00       Memo Item contribution         FEC ID number of contributing tederal political committee.       C       Memo Item contribution       150.00         Receipt For:       Aggregate Year-to-Date ▼       Memo Item contribution       0       Memo Item contribution	в.			Date of Receipt									
weslaco       TX       78596         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) selfemployed       Occupation (for Individual) physician       Memo Item contribution         Receipt For: Other (specify) ▼       Aggregate Year-to-Date ▼       Memo Item contribution         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Solis, Joel, , , Mailing Address 405 E. Avocet       TX       78501         FEC ID number of contributing federal political committee.       C       Memo Item contribution         PEC ID number of contributing federal political committee.       C       Memo Item contribution         Name of Employer (for Individual) self-employed       Occupation (for Individual) physician       Memo Item contribution         Name of Employer (for Individual) self-employer (for Individual)       Occupation (for Individual) physician       Memo Item contribution         Name of Employer (for Individual) self-employed       Aggregate Year-to-Date ▼       Memo Item contribution		Mailing Address 1501 S. Oklahoma											
federal political committee.       100.00         Name of Employer (for Individual) selfemployed       Occupation (for Individual) physician       Memo Item contribution         Receipt For:       Aggregate Year-to-Date ▼       00.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         Mailing Address 405 E. Avocet       78501         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) self-employed       Occupation (for Individual) physician       Memo Item contribution         Name of Employer (for Individual) self-employed       Occupation (for Individual) physician       Memo Item contribution		•											
Receipt For:       Aggregate Year-to-Date ▼       contribution         Primary       General       300.00         Cherr (specify)       Image: Solid state of the solid s		8	С			100.00							
Primary       General         Other (specify)       General         Other (specify)       300,00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C. Solis, Joel, , ,       Mailing Address 405 E. Avocet         City       State       Zip Code         Mcallen       TX       78501         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         self-employed       Aggregate Year-to-Date       Memo Item					)								
C. Solis, Joel, , ,       Date of Receipt         Mailing Address 405 E. Avocet       Modeline         City       State       Zip Code         Mcallen       TX       78501         FEC ID number of contributing federal political committee.       C       150.00         Name of Employer (for Individual) self-employed       Occupation (for Individual) physician       Memo Item contribution         Receipt For:       Aggregate Year-to-Date ▼       Memo Item contribution		Primary General	Aggregate		300.00								
City     State     Zip Code       Mcallen     TX     Zip Code       TX     78501       FEC ID number of contributing federal political committee.     C       Name of Employer (for Individual) self-employed     Occupation (for Individual) physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General	с.	Solis, Joel, , ,	tial) or Full C	Organization Name		Date of Receipt							
Mcallen     TX     78501       FEC ID number of contributing federal political committee.     C     Amount of Each Receipt this Period       Name of Employer (for Individual) self-employed     Occupation (for Individual) physician     Memo Item contribution       Receipt For:     Aggregate Year-to-Date ▼       Primary     General						02 20 2020							
federal political committee.     Iso.00       Name of Employer (for Individual) self-employed     Occupation (for Individual) physician     Memo Item contribution       Receipt For:     Aggregate Year-to-Date ▼       Primary     General		-											
self-employed     physician     contribution       Receipt For:     Aggregate Year-to-Date ▼       Primary     General		8	С			150.00							
Primary General General		self-employed											
	_	Primary General	Aggregate		300.00								

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SCHEDULE A	(FEC	Form 3	K)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 106 OF

125

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC										
Full Name of Individual (Last, First, Middle Solis, Joel, , ,         Mailing Address 405 E. Avocet         City         Mcallen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         self-employed         Receipt For:         Primary       General         Other (specify) ▼	State TX C	Zip Code 78501 upation (for Individual) sician Year-to-Date ▼ 450.00	Date of Receipt								
Full Name of Individual (Last, First, Middle         B. Soto, Hector, , Dr.,         Mailing Address 101 South Greenbriar	Initial) or Full O		Date of Receipt								
City McAllen FEC ID number of contributing federal political committee. Name of Employer (for Individual) self-employee Receipt For: Primary General Other (specify) ▼	phy	Zip Code 78502 upation (for Individual) rsician Year-to-Date 250.00	Transaction ID : SA11AI.50393         Amount of Each Receipt this Period         250.00         Memo Item         contribution								
Full Name of Individual (Last, First, Middle         C. Soto, Hector, , Dr.,         Mailing Address 101 South Greenbriar         City         McAllen         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) self-employee         Receipt For:         Primary       General         Other (specify)	State TX C	Zip Code 78502 upation (for Individual) sician Year-to-Date ▼ 500.00	Date of Receipt								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE 107 OF 125         (check only one)       11a         11a       11b       11c						
Any information copied from such Reports and or for commercial purposes, other than using the			13     14     15     16     17       person for the purpose of soliciting contributions       ee to solicit contributions from such committee.						
	PAC								
Full Name of Individual (Last, First, Middle I A. Soto, Hector, , Dr.,	nitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 101 South Greenbriar			03 13 2020						
City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.50395 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
Name of Employer (for Individual) self-employee		upation (for Individual) sician	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]						
Full Name of Individual (Last, First, Middle I B. Swarup, Jyothi, , Dr., Mailing Address 8109 N. 1st Street	nitial) or Full C	organization Name	Date of Receipt						
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.50404						
FEC ID number of contributing federal political committee.	C	78304	Amount of Each Receipt this Period						
Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle I <b>C.</b> Tey, Alejandro, , , Mailing Address 3012 Laurie Lane	nitial) or Full C	Organization Name	Date of Receipt						
City	State	Zip Code	01 17 2020 Transaction ID : SA11AI.50411						
Edinburg FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Period						
Name of Employer (for Individual) Self employed		upation (for Individual) sician	Memo Item contribution						
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Aggregate Year-to-Date ▼

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250.00

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Primary

Other (specify)

General

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 108 OF

125

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12							
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-	ddress of any political committe	e to sol	icit coi	ntribi	utions	from suc	h commit	ttee.						
Full Name of Individual (Last, First, Middl Tey, Alejandro, , , Mailing Address 3012 Laurie Lane	e Initial) or Full O	nitial) or Full Organization Name					Date of Receipt								
	_	02		20		2020	_								
City Edinburg	State TX	Zip Code 78539					SA11AI.								
		70009	A	mount	t of I	Each F	Receipt th	nis Period	d .						
FEC ID number of contributing federal political committee.	С	С			250.00										
Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo	Item									
Self employed	phys	physician													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]												
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tey, Alejandro, , , Mailing Address 3012 Laurie Lane					Date of Receipt										
		03 13 2020													
City	State	Zip Code	Transaction ID : SA11AI.50					50413							
Edinburg	TX	78539	A	mount	t of I	Each F	Receipt th	nis Period	k						
FEC ID number of contributing federal political committee.	C			250.00											
Name of Employer (for Individual) Self employed		Occupation (for Individual) physician					Memo Item contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00													
Full Name of Individual (Last, First, Middl . Trejo, Jose, , ,	e Initial) or Full O	ganization Name		Date of	f Red	ceipt									
Mailing Address 112 S. Broadway		M M / D D / Y Y Y Y 01 17 2020													
City mcallen	State TX	Zip Code 78501	A	Transaction ID : SA11AI.50420         Amount of Each Receipt this Period         250.00											
FEC ID number of contributing federal political committee.	C														
Name of Employer (for Individual) self-employed		pation (for Individual) te investor	cc	M		ltem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]												
SUBTOTAL of Receipts This Page (optiona	l)							750	.00						

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the		9 OF
		Detailed Summary Page		16
Any information copied from such Reports ar or for commercial purposes, other than using			ny person for the purpose of soliciting cont	tributions
NAME OF COMMITTEE (In Full)	L PAC			
Full Name of Individual (Last, First, Middle Trejo, Jose, , ,	e Initial) or Full C	Organization Name	Date of Receipt	
Mailing Address 112 S. Broadway			02 20 202	20
City	State	Zip Code	Transaction ID : SA11AI.50421	1
mcallen	ТХ	78501	Amount of Each Receipt this Pe	eriod
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
self-employed		rate investor	contribution	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General				
Other (specify) <b>v</b>		500.00		
Full Name of Individual (Last, First, Middle	Initial) or Full C	Drganization Name		
. Trejo, Jose, , ,			Date of Receipt	
Mailing Address 112 S. Broadway			03 13 202	Y Y 20
City	State TX	Zip Code 78501	Transaction ID : SA11AI.50422	2

mcallen	ТХ	78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) self-employed		pation (for Individual) ite investor	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle C. Turlapati, Krishna, , Dr.,	Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 9123 1st Street			03 / D D / Y Y Y Y 2020
City	State	Zip Code	Transaction ID : SA11AI.50425
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00

Mailing Address 9123 1st Street			03 13 2020
City	State	Zip Code	Transaction ID : SA11AI.50425
McAllen	ТХ	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) selfemployed	Occupat physicia	tion (for Individual) In	Memo Item contribution
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	•	600.00

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125

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

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PAGE 110 OF

125

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	<b>(</b>	11a		] 11	lb		11c		12				
						1	13		14	1		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) of Turley, Susan, , ,	nitial) or Full Organization Name							Date of Receipt									
	Mailing Address 312 Thunderbird					01 / Y Y Y Y Y 2020												
	-	tate		Zip Code		Transaction ID : SA11AI.50426												
	mcallen T	X		78504	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	;							-		_	-17-	_	250.	00			
	Name of Employer (for Individual) self-employed	Occu phys	•	ion (for Individual) n	c	con	M	emo ion	o It	em								
	Receipt For:			r-to-Date ▼														
	Primary General Other (specify) ▼	giogaio		250.00	1													
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name 3. Turley, Susan, , ,							Date of Receipt										
	Mailing Address 312 Thunderbird						02 20 2020											
	City S	tate		Zip Code		Transaction ID : SA11AI.50427												
	mcallen 7	ГХ	_	An	nount	t of	Ea	ich R	lec	eipt thi	s P	eriod						
	FEC ID number of contributing federal political committee.	;						250.00										
	Name of Employer (for Individual) self-employed	Occu phys	•	ion (for Individual) In	c	Memo Item contribution												
	Receipt For:     Agg       Primary     General       Other (specify) ▼	gregate	Yea	r-to-Date ▼ 500.00														
С.	Full Name of Individual (Last, First, Middle Initial) or Turley, Susan, , ,	r Full Or	rgar	nization Name		Da	ate of	f Re	ece	ipt								
	Mailing Address 312 Thunderbird					ň	03	/	ľ	13		/ Y	20	20	Y			
	5	tate		Zip Code			Frans	acti	ior	ID :	s/	A11AI.	5042	28				
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	FEC ID number of contributing federal political committee.	;				Ę			y		-	9	_	250.	00			
	Name of Employer (for Individual) self-employed	Occu phys	•	ion (for Individual) n	c	con	M htribut	emo tion	o It	em								
	Receipt For:     Agg       Primary     General       Other (specify)	Aggregate Year-to-Date ▼ 750.00																
s	UBTOTAL of Receipts This Page (optional)					Γ								750.0	0			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 111 OF

125

ITEMIZED RECEIPTS	-	Use separate schedule(s)			(check only one)								
II EIVILED KEGEIPIS		for each category of the Detailed Summary Page	× 11a	a 🗌	11b	11c	12	17					
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and a	I ay not be sold or used by any address of any political committed	person for th	ne pur contrit	pose of	soliciting	contribu	tions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC												
Full Name of Individual (Last, First, Middle A. Twahirwa, Marcel, , ,	e Initial) or Full C	organization Name	Date	of Re	eceipt								
Mailing Address 2403 El Encino Drive				01 17 2020									
City mission	State TX	Zip Code 78572				SA11AI.	50429 is Period						
FEC ID number of contributing federal political committee.	С					7	250.	00					
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contril		o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00											
Full Name of Individual (Last, First, Middle B. Twahirwa, Marcel, , ,	Date	of Re	eceipt										
Mailing Address 2403 El Encino Drive		0:		D D D 20	/ Y	ү ү 2020	Y						
City mission	State TX	Zip Code 78572		Transaction ID : SA11AI.5043 Amount of Each Receipt this P									
FEC ID number of contributing federal political committee.	C			unt of		eceipt th	250.	00					
Name of Employer (for Individual) selfemployed		upation (for Individual) rsician	contrit	Memo Item contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]										
Full Name of Individual (Last, First, Middle C. Twahirwa, Marcel, , ,	e Initial) or Full C	organization Name	Date	of Re	eceipt								
Mailing Address 2403 El Encino Drive			M 0		13	/ Y	y y 2020	Y					
City mission	State TX	Zip Code 78572				SA11AI.	50431 is Period						
FEC ID number of contributing federal political committee.	С				9	y	250.	00					
Name of Employer (for Individual) selfemployed	phys	upation (for Individual) sician	contril		o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 112 OF

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or for commercial purposes, other than us NAME OF COMMITTEE (In Full) BORDER HEALTH FEDEF	-	ddress of any political committe	e to sol	icit co	ntrib	outions	from suc	h com	imitte	<del>)</del> e.						
Full Name of Individual (Last, First, Mic A. Valladares, Theresa, , Dr.,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Valladares, Theresa, , Dr.,							Date of Receipt								
Mailing Address 2302 Red River Drive			03 / D D / Y Y Y Y 2020													
City Mission	State TX	Zip Code 78572	A	Transaction ID : SA11AI.50437           Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C			_					100.0	0						
Name of Employer (for Individual) selfemployed Receipt For:	phys	upation (for Individual) sician	cc	M ontribut		tem										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]													
B. Full Name of Individual (Last, First, Mid B. Vasquez, Jose, , , Mailing Address 2548 Palm Circle		Date of	f Re	eceipt	y / Y	Ý	Ý	Y								
City	State	Zip Code	- 1	01 Trans	acti	17 ion ID :		202								
rio grande city	ТХ	78582		Transaction ID : SA11AI.50438           Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		250.00													
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	со	Contribution												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]													
Full Name of Individual (Last, First, Mic C. Vasquez, Jose, , ,	ddle Initial) or Full O	rganization Name		Date of	f Re	eceipt										
Mailing Address 2548 Palm Circle				Date of Receipt												
City rio grande city	State TX	Zip Code 78582					<b>SA11AI</b> Receipt th			_						
FEC ID number of contributing federal political committee.	5									00						
Name of Employer (for Individual) selfemployed		upation (for Individual) ician	Memo Item contribution													
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	]													
SUBTOTAL of Receipts This Page (optic	nal)							e	600.0	0						

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 113 OF

125

			(check only one)												
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 11a		11b	11c		12	<b>1</b> -7				
	ny information copied from such Reports and S								g con						
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit co	ntrib	utions	from suc	h cor	nmitte	e.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Vasquez, Jose, , ,	ial) or Full O	rganization Name		Date of	f Re	ceipt								
	Mailing Address 2548 Palm Circle			03 / D D / Y Y Y Y 03 13 2020											
	City	State	Zip Code		Trans	acti	on ID :	SA11AI	.5044	0					
	rio grande city	TX	78582	_	Amoun	t of	Each F	Receipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer (for Individual) selfemployed														
	Receipt For:			contribution											
	Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)	L	750.00												
в.	Full Name of Individual (Last, First, Middle Init Vela, Efraim, , Dr.,		Date of	f Re	ceipt										
	Mailing Address 100 E. Ridge Road #B				01 17 2020										
	City	State	Zip Code		Transaction ID : SA11AI.50447										
	McAllen	ТХ	78503		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C					,			250.0	0				
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution											
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		, 250.00												
<u> </u>	Full Name of Individual (Last, First, Middle Init Vela, Efraim, , Dr.,	ial) or Full O	rganization Name		Date of	f Re	ceipt								
	Mailing Address 100 E. Ridge Road #B				02	/	D 20		202	Y 20	Y				
	City	State	Zip Code		Trans	sacti	on ID	: SA11AI	.5044	8					
	McAllen	ТХ	78503		Amoun	t of	Each F	Receipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.						y	. ,		250.0	0				
	Name of Employer (for Individual) selfemployed														
	Receipt For:         Primary       General         Other (specify)	Aggregate	Year-to-Date ▼ 500.00												
s	UBTOTAL of Receipts This Page (optional)		•••••				7	y		750.0	0				

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

FEC Schedule A (Form 3X) Rev. 06/2016

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CHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE 114 OF           (check only one)         (check only one)           X         11a         11b         11c         12           13         14         15         16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA Full Name of Individual (Last, First, Middle	the name and a	ddress of any political committe	person for the purpose of soliciting contribution be to solicit contributions from such committee.
Vela, Efraim, , Dr., Mailing Address 100 E. Ridge Road #B			Date of Receipt
City	State	Zip Code	Transaction ID : SA11AI.50449
McAllen	ТХ	78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Memo Item contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle, Villalta, Carlos, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address P. O. Box 1632			03 13 2020
City mission	State TX	Zip Code 78573	Transaction ID : SA11AI.50461 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual) selfemployed		upation (for Individual) sician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	1

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Villarreal, Victor, , ,

Mailing Address 901 W. Moore			03 13 2020
City		Zip Code	Transaction ID : SA11AI.50470
pharr	TX	78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer (for Individual)	Occupati	on (for Individual)	Memo Item
selfemployed	physiciar	1	contribution
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optiona	al)	•••••	430.00
TOTAL This Period (last page this line num	nber only)	••••••	

FEC Schedule A (Form 3X) Rev. 06/2016

Date of Receipt

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125

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 115 OF

125

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Viswamitra, Saroja, , , Mailing Address 101 Condor	tial) or Full O	Organization Name	Date of Receipt
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.50471
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]
в.	Full Name of Individual (Last, First, Middle Init Viswamitra, Saroja, , , Mailing Address 101 Condor	tial) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	02 20 2020 Transaction ID : SA11AI.50472
	mcallen         FEC ID number of contributing         federal political committee.	С	78504	Amount of Each Receipt this Period
	Name of Employer (for Individual) selfemployed		upation (for Individual) vsician	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Viswamitra, Saroja, , ,	tial) or Full O	Organization Name	Date of Receipt
-	Mailing Address 101 Condor			03 13 2020
	City mcallen	State TX	Zip Code 78504	Transaction ID : SA11AI.50473 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer (for Individual) selfemployed		upation (for Individual) sician	Contribution
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1200.00	]
s	UBTOTAL of Receipts This Page (optional)		b	1200.00

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

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 116 OF

125

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11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		<b>X</b> 11a		11b 14	11c		12 16	<b>1</b> 7
	ny information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	f solicitir		ntributi	ions
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P											
Α.	Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , ,	al) or Full O	rga	nization Name		Date o	of Re	eceipt				
	Mailing Address 1017 south 1st					01	/	D 17			)20	Y
	City mcallen	State TX		Zip Code 78502	_				SA11A			
	FEC ID number of contributing federal political committee.	С						ар. т			400.0	0
	Name of Employer (for Individual) self-employed	Occi phys	•	ion (for Individual) In		contribu		o Item				
	Receipt For: Primary General	Aggregate	Yea	ır-to-Date ▼								
	Other (specify) V		7	400.00	ų.							
в.	Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , ,	al) or Full O	rga	nization Name		Date o	of Re	eceipt				
	Mailing Address 1017 south 1st					02	1	20			20	Y
	City mcallen	State TX		Zip Code 78502	_				SA11A Receipt			
	FEC ID number of contributing federal political committee.	С						ар. т.			400.0	0
	Name of Employer (for Individual) self-employed	Occ phy	•	tion (for Individual) an		Contribut		o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 800.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Vitko, Roger, , ,	al) or Full O	rga	nization Name		Date o	of Re	eceipt				
	Mailing Address 1017 south 1st					03	/	D 13			20	Y
	City mcallen	State TX		Zip Code 78502					: SA11A Receipt			
	FEC ID number of contributing federal political committee.	С				Ľ.		y .	. ,		400.0	0
	Name of Employer (for Individual) self-employed	Occi phys	•	ion (for Individual) n		Contribu		o Item				
	Receipt For: Primary General Other (specify)	1		ır-to-Date ▼ 1200.00								
s	GUBTOTAL of Receipts This Page (optional)			•	 _			y	. ,	1	1200.0	0

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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 117 OF

125

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	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F												
<b>A</b>	ull Name of Individual (Last, First, Middle Init Walker, Raymond, , , failing Address 1117 Shallow apt 4		Orga			M	te of 01	Re	eceipt 17	D /		у 020	Y
	Sity ncallen	State TX		Zip Code 78504	-					: SA11A			
F	EC ID number of contributing ederal political committee.	С					iouni	OT	Each	Receipt		250.	00
s	lame of Employer (for Individual) elf-employed		•	tion (for Individual) investor	c	ont	M		Item				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 250.00									
В.	ull Name of Individual (Last, First, Middle Initi Walker, Raymond, , , failing Address 1117 Shallow apt 4	ial) or Full O	Orga	nization Name	_	Da	te of ™ 02	Re	eceipt	D /		)20	Y
	Dity	State TX		Zip Code			rans		on ID	SA11A	1.5047	78	
F	ncallen EC ID number of contributing ederal political committee.	C		78504		Am	iount	: of	Each	Receipt	this P	250.0	00
	lame of Employer (for Individual) elf-employed			tion (for Individual) investor	C	ont	M		Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ır-to-Date ▼ 500.00									
	ull Name of Individual (Last, First, Middle Initi Walker, Raymond, , ,	ial) or Full O	Orga	nization Name		Da	te of	Re	ceipt				
_	Aailing Address 1117 Shallow apt 4					M	03 <sup>M</sup>	/	13			020	Y
	City mcallen	State TX		Zip Code 78504					-	: SA11A Receipt		-	
	EC ID number of contributing ederal political committee.	С				Ē			,	9		250.	00
s	lame of Employer (for Individual) elf-employed		•	tion (for Individual) nvestor	c	on	M tribut		ltem				
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 750.00									
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 118 OF

125

•••	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL			
Α.	Full Name of Individual (Last, First, Middle In Wilcox, Patrick, , , Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee.	State TX	Zip Code 78572	Date of Receipt 03 Transaction ID : SA11AI.50485 Amount of Each Receipt this Period 100.00
	Name of Employer (for Individual)         selfemployed         Receipt For:         □       Primary         □       General         Other (specify) ▼	Occ	upation (for Individual) sician Year-to-Date ▼ 300.00	Memo Item contribution
в.	Full Name of Individual (Last, First, Middle In Yarra, Subbarrao, , , Mailing Address 6905 <u>N. Cynthia</u> City McAllen	State	Zip Code 78504	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-employed Receipt For:	C Occ phy	upation (for Individual) rsician Year-to-Date ▼ 300.00	Memo Item contribution
С.	Full Name of Individual (Last, First, Middle In Zayed, Fuad, , Dr., Mailing Address 1425 Sweet Lane City Edinburg FEC ID number of contributing federal political committee.	State TX C	Zip Code 78539 upation (for Individual)	Date of Receipt 03 / 13 / 2020 Transaction ID : SA11AI.50506 Amount of Each Receipt this Period 75.00 Memo Item
	selfemployed Receipt For: Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)	Aggregate	sician Year-to-Date ▼ 225.00	275.00

94465.00 TOTAL This Period (last page this line number only)...... 

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I (check only 21b												
	Detailed Summary Page	28a	28b         28c         29         30b											
Any information copied from such Reports and Staten or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC														
Full Name (Last, First, Middle Initial)			Date of Disburgement											
A. Escamilla, Sandra, , Ms,			Date of Disbursement											
Mailing Address 1418 Quince			01 06 2020											
City McAllen	State Zip Code TX 78504		FEC Identification Number											
Purpose of Disbursement contract services - salary expenditure		001	C Transaction ID : SB21B.50511											
Candidate Name	L	Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disbursen	nent For: Primary General	1900	723.75											
State: District:	Other (specify) ▼		Memo Item											
Full Name (Last, First, Middle Initial)														
B. Escamilla, Sandra, , Ms,		Date of Disbursement												
Mailing Address 1418 Quince			01 / D D / Y Y Y Y Y 24 2020											
City McAllen	State Zip Code TX 78504		FEC Identification Number											
Purpose of Disbursement contract services - salary expenditure		001	С											
Candidate Name		Category/ Type	Transaction ID : SB21B.50512 Amount of Each Disbursement this Period											
Office Sought: House Disbursen	nent For: Primary General	<u></u>	723.74											
	Other (specify)		Memo Item											
Full Name (Last, First, Middle Initial)														
C. Escamilla, Sandra, , Ms,			Date of Disbursement											
Mailing Address 1418 Quince			02 14 2020											
City McAllen	State Zip Code TX 78504		FEC Identification Number											
Purpose of Disbursement contract services - salary expenditure		001	С											
Candidate Name	L	Category/	Transaction ID : SB21B.5051: Amount of Each Disbursement this Period											
Office Sought: House Disbursen		Туре	723.74											
	Primary General Other (specify) ▼		Memo Item											
			2171.23											
SUBTOTAL of Disbursements This Page (optional)														
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	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	-		INE N			:				F	PAGE	Ξ 1	20 0	)F 12
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	y information copied from such Reports and State for commercial purposes, other than using the na																
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	С															
Α.	Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,						_	ate o	_		ser	-	ent 7	Y	Y	Y	Y
	Mailing Address 2401 W. Rhin Drive							01			06	3			20	20	
	City Edinburg	State TX	Zip Code 78539				17	EC Io	lenti	ficati	ion	ı N	lumb	er	_	_	
	Purpose of Disbursement contract services - salary expenditures Candidate Name			00 Cate	01		Ar	Tra		actio Eac							Period
	Office Sought: House Disburse Senate	ement For: Primary	General		pe					7			-		14	444.0	7
	State: District:	Other (spe	cify) 🔻					Me	emo	Item	ו						
B.	Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,							ate o					nt				
	Mailing Address 2401 W. Rhin Drive						Ľ	01	/		24		/	Y	20	20	Ŷ
	City Edinburg Purpose of Disbursement	State TX	Zip Code 78539				100	EC Io	lenti	ficati	ion	ı N	lumb	er	_		
	Candidate Name			Cate		//	Ar	Tra		<b>actio</b> Eac			-				Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General Cify)		/pe			Me	emo	, Iterr	1		-		1	444.0	8
C.	Full Name (Last, First, Middle Initial) Gonzales-Leal, Nicole, , ,						_	ate o	_			D	nt /	Y		Y	Ŷ
	Mailing Address 2401 W. Rhin Drive	State	Zip Code					02			14				20	20	
	Edinburg Purpose of Disbursement contract services - salary expenditures	TX	78539		_		FE	EC Io	lenti	ficati	ion	I N	lumb	er			
	Candidate Name			Cate	01 gory pe	//	Ar			actio Eac							Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		1			Me	emo	, Iterr	1	_		_	1	444.0	8
⊢	UBTOTAL of Disbursements This Page (optional).								-	7	-					332.2	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 28a	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	ne and address of any political		
Full Name (Last, First, Middle Initial) A. Internal Revenue Services Mailing Address 324 25th Street			Date of Disbursement 01 / 24 / 2020
Odgen Purpose of Disbursement quarterly tax deposits - IRS Candidate Name	State Zip Code UT 84401	001 Category/ Type	FEC Identification Number C Transaction ID : SB21B.50517 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		1276.78 Memo Item
Full Name (Last, First, Middle Initial)         B. Internal Revenue Services         Mailing Address       324 25th Street			Date of Disbursement 02 / D D / Y Y Y Y Y 18 2020
,	State Zip Code UT 84401	001 Category/	FEC Identification Number C Transaction ID : SB21B.50518 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	1024.62 Memo Item
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
City S Purpose of Disbursement	State Zip Code		FEC Identification Number
Candidate Name Office Sought: House Disbursen		Category/ Type	Amount of Each Disbursement this Period
	Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			2301.40 8804.86

SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 122 OF 125			
ITEMIZED DISBURSEMENTS	for each			y one) 22 <b>X</b> 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	AC						
Full Name (Last, First, Middle Initial) A. CARDENAS, TONY, , ,				Date of Disbursement			
Mailing Address 13173 OSBORNE STREET							
City PACOMIA	State CA	Zip Code 91331		FEC Identification Number			
Purpose of Disbursement contribution			011	C H2CA28113 Transaction ID : SB23.50524			
Candidate Name CARDENAS, TONY, , ,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: X House Disburs Senate President State: CA District: 29	ement For: Primary Other (spe	General		5000.00 Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General					
State: District:				Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General ccify) ▼		Memo Item			
				5000.00			
SUBTOTAL of Disbursements This Page (optional)           TOTAL This Period (last page this line number online)				5000.00			

I

SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 123 OF 12 (check only one)			
				22         23         26         27           28b         28c         x         29         30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PA	C						
Full Name (Last, First, Middle Initial) A. Valley Alliance of Mentors for Opportunities			Date of Disbursement				
Mailing Address 5221 N McColl Rd				03 09 2020			
City McAllen	State TX	Zip Code 78502		FEC Identification Number			
Purpose of Disbursement donation			012	C Transaction ID : SB29.50523			
Candidate Name	mont Far		Category/ Type	Amount of Each Disbursement this Period			
Office Sought:     House     Disburse       Senate     President     Image: Senate	ement For: Primary Other (spe	General cify) ▼		30000.00			
State: District: Full Name (Last, First, Middle Initial)				<u> </u>			
B.			Date of Disbursement				
Mailing Address	04-4	7.0.1					
City Purpose of Disbursement	State	Zip Code		FEC Identification Number			
Candidate Name			Category/	C Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate	ement For:	General	Туре				
State: District:	Other (spe			Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement	1						
· · · · · · · · · · · · · · · · · · ·	ement For:		Category/ Type	Amount of Each Disbursement this Period			
Senate President	Primary Other (spe	General cify) ▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional).			•••••• •	30000.00			
TOTAL This Period (last page this line number only	y)		••••••	30000.00			

SCHEDULE D (FEC Form 3X)				PAGE 124 OF 125
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
			for each	(check only one) 9
NAME OF COMMITTEE (In Full)			numbered line)	<b>X</b> 10
A. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of D	ebt (Purpose):
AC Rentals			rental spac	9
Mailing Address PO Box 2673				
City	State	Zip Code		
McAllen	TX	78502		
Outstanding Balance Beginning This Period 900.00			Transactio	on ID : SD10.9553
Amount Incurred This Period	Pay	yment This Period	Outstandir	g Balance at Close of This Period
0.00		0.0	00	900.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
AC Rentals			rental space	9
Mailing Address				
Mailing Address PO Box 2673				
City	State	Zip Code		
McAllen	ТХ	78502		
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.10053
Outstanding Balance Beginning This Period 900.00			Transact	ion ID : SD10.10053
900.00	Pay	vment This Period		
900.00 Amount Incurred This Period	Pay	yment This Period	Outstandir	g Balance at Close of This Period
900.00	Pay	yment This Period 0.0	Outstandir	
900.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period			Outstandir	g Balance at Close of This Period
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	0.0	Outstandir	ng Balance at Close of This Period
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	or or Creditor	0.0	Outstandir	ng Balance at Close of This Period
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period	or or Creditor	0.0	Outstandir	ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	or or Creditor	0.0	Outstandir	ng Balance at Close of This Period
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period	or or Creditor	0.0	Outstandir	ebt (Purpose):
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period	or or Creditor	0.0	Outstandir	ebt (Purpose):
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period	or or Creditor	Zip Code	Outstandir	ebt (Purpose):
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period         Amount Incurred This Period	or or Creditor	Zip Code	Outstandir	ng Balance at Close of This Period 900.00 ebt (Purpose):
900.00         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debt         Mailing Address         City         Outstanding Balance Beginning This Period         Amount Incurred This Period         Amount Incurred This Period         1) SUBTOTALS This Period This Page (optional)	or or Creditor	Zip Code	Outstandir	ng Balance at Close of This Period 900.00 ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor	0.0	Outstandir	ebt (Purpose):
900.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debte Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number)	or or Creditor	Zip Code	Outstandir	ng Balance at Close of This Period 900.00 ebt (Purpose): ng Balance at Close of This Period 1800.00 1800.00

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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.