FEC FORM 3XREPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee	Office Use Only
I. NAME OF TYPE OR PRINT ▼ Example: If typing, type COMMITTEE (in full) over the lines.	12FE4M5
BORDER HEALTH FEDERAL PAC	
ADDRESS (number and street)	
Check if different than previously reported. (ACC)	TX 78504
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲	STATE ZIP CODE
C C00415752 3. IS THIS NEW (N) OR	X AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year (d) 30-Day 	(Non-Election Year Only)
Report (Non-election Year Only) (MY) Termination Report (TER) Report for the: M M / D D / Election on	Runoff (30R) Special (30S)
5. Covering Period 11 27 2012 through 12	/ D D / Y Y Y Y 31 2012
Type or Print Name of Treasurer Ernie Perez Signature of Treasurer Ernie Perez [Electronically Filed]	Date 06 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing to Office Use Only	this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3X Rev. 12/2004

06/11/2013 20 : 38

mage#	13962	847999
-------	-------	--------

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2012		991233.52				
	(b) Cash on Hand at Beginning of Reporting Period	792223.25					
	(c) Total Receipts (from Line 19)	42057.50	484157.68				
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	834280.75	1475391.20				
7.	Total Disbursements (from Line 31)	29044.50	670154.95				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	805236.25	805236.25				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00					

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		Fage 3
BORDER HEALTH FEDERAL PAC		
Report Covering the Period: From:	/ D D / Y Y Y Y 27 2012 To:	12 / D D / Y Y Y Y Y 12 31 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons OtherThan Political Committees(i) Itemized (use Schedule A)	41172.50	439874.64
(ii) Unitemized	, 885.00	39283.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	42057.50	479157.68
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	42057.50	479157.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures (Defunde Deletter etc.) 	0.00	0.00
(Refunds, Rebates, etc.)(Carry Totals to Line 37, page 5)16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	5000.00
 Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds 	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	42057.50	484157.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	42057.50	484157.68

٦

Г

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	26544.50	273990.56
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party	► 26544.50	273990.56
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	346164.39
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made		0.00
		0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		0.00
Than Political Committees	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements		50000.00
Federal Election Activity (2 U.S.C. §431 (a) Allocated Federal Election Activity	1(20))	
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share		0.00
(b) Federal Election Activity Paid Entir With Federal Funds	. 0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		0.00
Total Disbursements (add Lines 21(c), 2		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 29044.50	670154.95
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii from Line 31)		670154.95

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	42057.50	479157.68
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42057.50	479157.68
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	26544.50	273990.56
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	26544.50	273990.56

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

Form/Schedule: F3XA Transaction ID :

note; the contribution of \$2,500 payable to U.S. representative canditate Ramiro Garza Jr. is to be utilized for reduction of debt for the congressional race of District 34 in the State of Texas.

Form/Schedule: Transaction ID:

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

102

TIEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip TX 785 C Occupation private investor Aggregate Year-to-E		Date of Receipt
Full Name (Last, First, Middle Initial) B. Mr. Riad Aboujamous Mailing Address 1217 Fullerton City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip TX 7850 C Occupation private investor Aggregate Year-to-E		Date of Receipt Date of Receipt 12 14 2012 Transaction ID : SA11AI.20082 Amount of Each Receipt this Period 25.00 contribution
Full Name (Last, First, Middle Initial) C. Charity Abreu Mailing Address 1619 hertiage lane City mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip TX 785 C Occupation physician Aggregate Year-to-E		Date of Receipt Date of Receipt 12 Transaction ID : SA11AI.20083 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional	l)		400.00

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

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	_	11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than usi							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-		 				
Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78504 ear-to-Date ▼ 1800.00	12 Trans	saction II t of Each		nis Period	
Full Name (Last, First, Middle Initial) B. Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee.	State TX	Zip Code 78503	12 Trans	action II	D / Y 14 D : SA11AI. n Receipt th		_
Name of Employer self-employee Receipt For: Primary General Other (specify) v	Occupation physician Aggregate Ye	ear-to-Date ▼ 3000.00	ontribut	tion			
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Ye	Zip Code 78577 ear-to-Date ▼ 3000.00	12 Trans	saction II t of Each		nis Period	I D.00
SUBTOTAL of Receipts This Page (option	nal)					650	.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

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
Any information copied from such Reports									
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-	ddress of any political committee	e to so	licit co	ntrik	outions	from suc	h commi	ttee.
Full Name (Last, First, Middle Initial) A. Ms Sahar Alizy Mailing Address 1609 Martin City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504			act	14		nis Perioo	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private inve Aggregate		c	ontribu	tion				
B. Hull Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City	State	Zip Code		Date of 12 Trans	/	14		2012 20089	Ŷ
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX C Occupation private inves Aggregate			Amoun		Each I	Receipt th		d 0.00
Full Name (Last, First, Middle Initial) Ms Alex Ambriz Mailing Address 15253 Heather City Harlingen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				sact	ion ID Each F		nis Perioo 2	
SUBTOTAL of Receipts This Page (option	nal)		•			7		300	0.00

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

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

102

		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 the										
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt							
Full Name (Last, First, Middle Initial) B. Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physicain Aggregate	Zip Code 78572 Year-to-Date ▼ 600.00	Date of Receipt M M / D D / Y Y Y Y 12 14 2012 Transaction ID : SA11AI.20092 Amount of Each Receipt this Period 100.00 contribution							
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1050.00	Date of Receipt							
SUBTOTAL of Receipts This Page (optional)			400.00							

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 11 OF

102

			Detailed Summary Page	2	< 11a		11b	11c		2			
		Obstans i	Least he could be a lab		13		14	15		6	17		
Ar or	ny information copied from such Reports and for commercial purposes, other than using th	statements ma e name and a	ay not be sold or used by any po ddress of any political committee	erson e to s	tor the olicit co	pur ntrib	pose of outions	from suc	g cont h com	mitte	ons e.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	BORDER HEALTH FEDERAL	PAC											
-	Full Name (Last, First, Middle Initial)												
Α.				_	Date o	f Re	eceipt						
	Mailing Address 7004				M M	1	D		Y		Y		
	N. Cynthia	State	Zip Code	_	12		14		201				
	mcallen	TX	78504	Transaction ID : SA11AI.20094 Amount of Each Receipt this Period									
		_		_	Amoun	t OI		heceipt ii	IIS Fe	nou	_		
	FEC ID number of contributing federal political committee.	С					y			250.	00		
	Name of Employer	Occupation		- '	contribu	tion							
	selfemployed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		0000.00										
	Other (specify)		3000.00										
В.	Full Name (Last, First, Middle Initial) Daisy Arce				Date o	f Re	eceipt						
	Mailing Address 129 Bluebird				M M	/	14		201	Y 2	Y		
	City	State	Zip Code		Transaction ID : SA11AI.20095								
	Mcallen	ТΧ	78504		Amoun	t of	Each F	Receipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	C			50.00								
	Name of Employer	Occupation	1	-	contribu	tion							
	selfemployed	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]									
с.	Full Name (Last, First, Middle Initial) Dr. Rodrigo Argenal	1			Date o	f Re	eceipt						
	Mailing Address 7512 N. Cynthia Street				M M	/	14		y 201		Y		
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.20096	6			
	McAllen	ТХ	78504	_	Amoun	t of	Each F	Receipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	С					7	7		20.	00		
	Name of Employer	Occupation	 		contribu	tion							
	selfemployed	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		210.00										
s	UBTOTAL of Receipts This Page (optional)			•						320.0	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

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

102

	13 14 15 16 17 berson for the purpose of soliciting contributions te to solicit contributions from such committee.									
a 78504	Date of Receipt									
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane City State Zip Code										
Ipation cian	Amount of Each Receipt this Period 100.00 Contribution									
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City State Zip Code										
x 78539	Transaction ID : SA11AI.20099 Amount of Each Receipt this Period 75.00 contribution									
	K 78504 apation te investor regate Year-to-Date ▼ ate Zip Code 700.00 78526 Interview (Content of the investor) ate Zip Code K 78539 Interview (Content of the investor) Interview (Content of the investor)									

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 Dotailod Su V Dogo

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

102

TIEMIZED RECEIPTS		Detailed Summary Page		< 11a 13		11b 14	11c		12 16	17
Any information copied from such Reports or for commercial purposes, other than us	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	person e to so	for the	pur pur	pose o putions	of soliciting	g cont	tributi	ons
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC									
Full Name (Last, First, Middle Initial) A. Dr. Felipe Avila Mailing Address 104 W. 20th Street City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation doctor Aggregate	Zip Code 78596 Year-to-Date ▼ 2250.00			sact	ion ID Each			12 1	
B. Full Name (Last, First, Middle Initial) Mailing Address 2600 Wildwood	Dr. Wilfredo Aviles Mailing Address 2600 Wildwood					eceipt 14		201	2	Y
Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	TX C Occupation physician Aggregate	78596 Year-to-Date ▼ 300.00			nt of		Receipt tl)0
Full Name (Last, First, Middle Initial) C. Dr. Roberto A, Ayers Mailing Address 1900 S. Jackson #7 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 600.00			sact	ion ID Each			12 3	
SUBTOTAL of Receipts This Page (option	nal)		•			7			400.0)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 14 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17				
Any information copied from such Reports or for commercial purposes, other than using				for the	purpo	ose o	f soliciting	g contribu	utions				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-												
Full Name (Last, First, Middle Initial) A. Murphy Badiga Mailing Address 1503 S. Airport	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 4800.00			sactio	14		nis Period	_				
Full Name (Last, First, Middle Initial) B. Ms Susan Bajus Mailing Address 5705 North 4th			_	Date of Receipt									
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation private inve Aggregate			12 Trans	sactio it of E	14 on ID :		2012 20105 nis Perioc	_				
Full Name (Last, First, Middle Initial) C. Cayetano Barrera Mailing Address 501 Mockingbird Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 600.00			sactio	14		nis Perioo	_				
SUBTOTAL of Receipts This Page (option	al)		•		. ,			460	0.00				

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

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

102

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c		2 6	17			
	ny information copied from such Reports an for commercial purposes, other than using				or the		pose of	f soliciting	g conti	ributi	ons			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC												
Α.	Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer				Date c		eceipt	D / Y	Ý	Y	Ŷ			
	City	State	Zip Code		12 14 2012									
	mcallen	TX	78504	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		125.00										
	Name of Employer	Occupation		C	ontribu	ition								
	self-employed	private inve	stor											
	Receipt For: Primary General Other (specify) ▼	Aggregate												
В.	Full Name (Last, First, Middle Initial) Ricardo Barrera					of Re	eceipt							
	Mailing Address 420 Frio						14		2012		Y			
	City	State	Zip Code	Transaction ID : SA11AI.20108										
	mission	ТХ	78572	/	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer self-employed	Occupation physician		co										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara				Date c	of Re	eceipt							
	Mailing Address 121 Cardinal		12 14 2012							Y				
	City mcallen	State TX	Zip Code 78504					: SA11AI Receipt tl						
	FEC ID number of contributing federal political committee.		ontribu		,			400.	00					
	Name of Employer	e of Employer Occupation												
self-employed		physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		4800.00]										
	UBTOTAL of Receipts This Page (optional)							1 40	7	775.0	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

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		1b 4	11c	12	17					
Any information copied from such Report or for commercial purposes, other than				or the	purpo	se o	f soliciting	g contribu	utions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE														
A. Full Name (Last, First, Middle Initial) Mailing Address P.O.Box 1125	Dr. Yuri Bermudez						Date of Receipt							
City	State	Zip Code	- 1	12		14		2012	_					
Pharr	TX	78577		Transaction ID : SA11AI.20110										
FEC ID number of contributing federal political committee.	C						Amount of Each Receipt this Period							
Name of Employer	Occupation		cc	ontribu	tion									
selfemployed	private inve	stor												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]											
Full Name (Last, First, Middle Initial) B. Juan Bernini				Date o	f Rece	eipt								
Mailing Address 2804 Santa Ana					/	D 14		2012	Y					
City	State Zip Code					n ID :	SA11AI.	20111						
mission	TX	TX 78574					Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C						250.00							
Name of Employer	Employer Occupation						contribution							
self-employed	physician													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]											
Full Name (Last, First, Middle Initial) C. Sarojini Bose				Date o	f Rece	eipt								
Mailing Address 7007 N 1st Lane				12 14 2012										
City	State	Zip Code		Trans	sactio	n ID	: SA11AI	.20112						
mcallen	ТХ	78504	A	moun	t of Ea	ach F	Receipt th	nis Period	t					
FEC ID number of contributing federal political committee.	S C						250.00							
Name of Employer	Occupation		co	ontribu	ition									
self-employed	physician													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]											
SUBTOTAL of Receipts This Page (op	tional)							550).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

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

102

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	
	ny information copied from such Reports an for commercial purposes, other than using				for the	purp	ose o			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA									
A .	Mailing Address 2005 Cimarron Court City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3900.00			sactio	- 14 on ID :		nis Perio	
в.	Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court	Ill Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes							2012	Y
	City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 600.00			it of E		SA11AI. Receipt th	20114 nis Perio	d 0.00
С.	Full Name (Last, First, Middle Initial) Dr. Erasto Canales Mailing Address 105 Bluebird City State McAllen TX FEC ID number of contributing federal political committee. Name of Employer Occupation self-employed						14 on ID		nis Perio 12	
Г	Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		Year-to-Date ▼ 875.00						E7	5.00

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

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

102

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12				
	y information copied from such Reports an for commercial purposes, other than using				for the	purp	ose o						
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA												
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold		Dr. Ricardo Canales					Date of Receipt						
				12 14 2012									
	City	State	Zip Code	Transaction ID : SA11AI.20117									
	McAllen	TX	78501		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.						7		5	0.00			
	Name of Employer	Occupation	l	c	onribut	lion							
	self-employed	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	1									
	Full Name (Last, First, Middle Initial) Desi Canals		, ,	_	Date o	f Ro	ceint						
D.	Mailing Address 1912 Trinity	lress 1912 Trinity			M M		14		2012	Y			
	City	State	Zip Code	Transaction ID : SA11AI.20118									
	Mission	ТХ	78574		Amoun	it of I	Each I	Receipt th	nis Period	t			
	FEC ID number of contributing federal political committee.	С		25.00					5.00				
	Name of Employer	me of Employer Occupation					contribution						
	Self employed	physician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]									
<u>с</u> .	Full Name (Last, First, Middle Initial) Alonzo Cantu				Date o	f Red	ceipt						
	Mailing Address P.O.Box 2673				^M 12	/	D 14		у у 2012	Y			
	City mcallen	State TX	Zip Code 78502					: SA11AI		ł			
	FEC ID number of contributing federal political committee.	С					7		40	0.00			
	Name of Employer	Occupation	1	C	ontribu	ition							
	self-employed	private inve	estor										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		4800.00]									
s	UBTOTAL of Receipts This Page (optional))					, ,		475	5.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

102

TTEMIZED RECEIPTS		or each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purpose	of solicitin	g contribu	itions
	-							
A. Full Name (Last, First, Middle Initial) Mr. David Cantu Mailing Address 2409 Kiwi City McAllen	Mr. David Cantu Aailing Address 2409 Kiwi City State Zip Code							Ŷ
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	Occupation physician Aggregate Yea	r-to-Date ▼ 210.00		ontribut		n Receipt t		0.00
Full Name (Last, First, Middle Initial) B. Dr. Leonel Cantu Mailing Address 2102 Deborah City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78539 r-to-Date ▼ 600.00		12 Trans	action II t of Each	14 D : SA11AI n Receipt t	his Period	
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investor Aggregate Yea	Zip Code 78577 r-to-Date ▼ 600.00		M M 12 Trans	saction II t of Each		his Period	
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	al)						130	.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-		11b	11c	12	—					
Any information copied from such Reports an or for commercial purposes, other than using					purpo									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA														
Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Mailing Address 217 E. Yellowhammer City McAllen FEC ID number of contributing	Dr. Joseph Caporusso lailing Address 217 E. Yellowhammer ity State Zip Code AcAllen TX 78504							Date of Receipt M M / D D / Y Y Y Y 12 14 2012 Transaction ID : SA11Al.20124 Amount of Each Receipt this Period						
FEC ID fumber of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 700.00	co	ontribu	Ition		T (7)	10	0.00					
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City mcallen	arlos Cardenas iling Address 1000 N. Taylor Road y State Zip Code					Date of Receipt								
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	Occupation physician			ontribu	. ,				0.00					
C. Jose Carreras Mailing Address 1016 E. Griffin Parkway City mission FEC ID number of contributing federal political committee.	Jose Carreras Mailing Address 1016 E. Griffin Parkway City State Zip Code mission TX 78572 FEC ID number of contributing C						SA11AI Receipt th	nis Perioo	_					
Name of Employer self-employed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼ 4800.00		ontribu										
SUBTOTAL of Receipts This Page (optional))					,		900	0.00					

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

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

102

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 the			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Marissa Castaneda Mailing Address 5021 Elk Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78539 stor Year-to-Date ▼ 600.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20127 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20129 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) C. Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1500.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20130 Amount of Each Receipt this Period 125.00 125.00 contribution
SUBTOTAL of Receipts This Page (optional)			425.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

102

	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 to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC							
A. Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street <u>suite 1</u> City		State	Zip Code	Date of Receipt					
	weslaco FEC ID number of contributing federal political committee.	С	78591	Amount of Each Receipt this Period					
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1500.00	contribution					
в.	Full Name (Last, First, Middle Initial) Mr. Roel Contreras Mailing Address 1609 Harvey	r. Roel Contreras							
	City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78501	12 14 2012 Transaction ID : SA11AI.20132 Amount of Each Receipt this Period 25.00					
	Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private inve Aggregate		contribution					
C.	Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite 7	or. Virah Cooper							
	City McAllen	State TX	Zip Code 78503	12 14 2012 Transaction ID : SA11AI.20133 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	I committee.		100.00 contribution					
	self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00						
s	UBTOTAL of Receipts This Page (optional)			250.00					

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

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

102

116	MIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c		12	
Anv	information copied from such Reports and	Statements ma	ay not be sold or used by anv מ	erson	13 for the	pu	14 rpose c	15 of soliciting		16 tribut	17 ions
	or commercial purposes, other than using th										
	IAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
A	ull Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery				Date c	f R	eceipt				
_	failing Address 2301 Solera Drive	_			12 ^M	1	/ D 14		20 ²	ү 12	Y
	City	State TX	Zip Code 78572	_				: SA11AI.			
	nission	IA	18572	_	Amour	t of	Each	Receipt th	is Pe	eriod	
	EC ID number of contributing ederal political committee.	С					7		_	125.	00
N	lame of Employer	Occupation			contribu	itior	1				
	elf-employee	physician									
F	Receipt For:	Aggregate	Year-to-Date V								
	Primary General		375.00	11							
	Other (specify)		375.00								
	ull Name (Last, First, Middle Initial) Dr. Oscar Cortez				Date c	f R	eceipt				
N	Iailing Address 4101 South Burns Drive				12	1	14		_201	12	Y
C	Sity	State	Zip Code		Trans	sact	tion ID	: SA11AI.			
Ν	McAllen	ТХ	78503		Amour	it of	Each	Receipt th	nis Pe	eriod	
	EC ID number of contributing ederal political committee.	C					7		_	100.	00
N	lame of Employer	Occupation		c	ontribu	tion					
S	elf employed	physician									
F	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 1200.00								
	ull Name (Last, First, Middle Initial) Diana Cortinas	1			Date c	f R	eceipt				
N	Iailing Address 1400 Northgate Lane				M 12	1	/ 14		y 201	ү 12	Y
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.2013	6	_
_	mcallen	ТХ	78504		Amour	t of	Each	Receipt th	is Pe	eriod	
	EC ID number of contributing ederal political committee.	С					7		Ξ	200.	.00
N	lame of Employer	Occupation		- (contribu	Itior	ו				
s	elf-employed	physician									
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2230.60								
			7 7 7		_	_			_	_	
su	BTOTAL of Receipts This Page (optional)						,		_	425.0	00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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 24 OF

102

ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the	I Statements may not be sold or used by any a name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation Occupation Physician Aggregate Year-to-Date ▼ 1199.07	Date of Receipt M M M M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) B. Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt Table of Receipt this Period Contribution Define of Receipt this Period Contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) The content of the control	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 600.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20139 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		▶ 350.00

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

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

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

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

102

TEMIZED RECEIPTS	Detailed Summary P		×	-		11b	11c		12	
Any information copied from such Reports and S or for commercial purposes, other than using the	Estatements may not be sold or used l name and address of any political c	by any perso committee to	n f sol	13 or the icit co	pur ntrib	14 pose c putions	15 of soliciting from suc	g con	16 htributi mmitte	17 ons e.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking				Date o		eceipt		20)12	Ŷ
City mcallen	State Zip Code TX 78501	-					: SA11AI			
FEC ID number of contributing federal political committee.	C]				Each	Receipt tl	nis Pe	eriod 150.(00
Name of Employer selfemployed	Occupation private investor		CC	ontribu	ition					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 180	00.00								
Full Name (Last, First, Middle Initial) B. David Deanda Mailing Address 2408 Dorado			C	Date o	f Re	eceipt	D / Y	Ý	Y	Y
City	State Zip Code TX 78574						4 <u>: SA11AI</u> Receipt tl	-	1	
FEC ID number of contributing federal political committee.	С					1	1000.pt 1		250.0	00
Name of Employer self-employed	Occupation private investor		co	ntribu	tion					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300	00.00								
Full Name (Last, First, Middle Initial) C. Dr. Andrew De La Garza			[Date o	f Re	eceipt				
Mailing Address 708 South H Street				M M		D 14	4	201	the second s	Y
City McAllen	StateZip CodeTX78501		A				: SA11AI Receipt th			
FEC ID number of contributing federal political committee.	С		C	ontribu	ution	7			50.	00
Name of Employer self-employed	Occupation physician									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00								
SUBTOTAL of Receipts This Page (optional)		····· ►			-	7		-	450.0	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 26 OF

102

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78504 C Occupation physician	Date of Receipt Mark / Date 12 12 14 2012 Transaction ID : SA11AI.20145 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.0	00
B. Full Name (Last, First, Middle Initial) B. Luis Delgado Jr. Mailing Address 5128 N. 10th City	State Zip Code	Date of Receipt
Mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Amount of Each Receipt this Period 150.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.0	00
C. Full Name (Last, First, Middle Initial) Mailing Address 7004 North 1st		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.20148 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.0	00 contribution
SUBTOTAL of Receipts This Page (optional		500.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

102

TEMIZED 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			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial) A. Dr. Satish D. Desai Mailing Address 7004 North 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 300.00	Date of Receipt 12 14 2012 Transaction ID : SA11AL20149 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) B. Mr. Ted Disque Mailing Address 501 Iris City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate		Date of Receipt Date of Receipt 12 14 2012 Transaction ID : SA11AI.20150 Amount of Each Receipt this Period 20.00 contribution
Full Name (Last, First, Middle Initial) C. Ms Oneida Elizondo Mailing Address 2411 Durango Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt 12 14 2012 Transaction ID : SA11AI.20151 Amount of Each Receipt this Period 25.00 contribution
SUBTOTAL of Receipts This Page (optional).			95.00

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

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

102

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11c	12	
Any information copied from such for for commercial purposes, other			erson for th				
NAME OF COMMITTEE (In Full BORDER HEALTH FE							
Full Name (Last, First, Middle Ir A. Kotthegal Eshwar Mailing Address 108 Yellow Han			M		D / Y	YY	Y
City mcallen	State TX	Zip Code 78504		nsaction ID			
FEC ID number of contributing federal political committee.	C			int of Each			0.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	contrik	ution			
Other (specify) ▼		600.00]				
Full Name (Last, First, Middle Ir B. Antonio Esparza Mailing Address 136 W. Yucca	tial)		Date	of Receipt		YY	Y
City	State	Zip Code	12		14	2012	
mcallent	TX	78504		int of Each			4
FEC ID number of contributing federal political committee.	C).00
Name of Employer selfemployed	Occupation physician		contrib	ution			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]				
Full Name (Last, First, Middle Ir C. Antonio Falcon	tial)		Date	of Receipt			
Mailing Address 2768 Pharmacy			12		D / Y 14	2012	Y
City rio grande city	State TX	Zip Code 78582		nsaction IE Int of Each			ł
FEC ID number of contributing federal political committee.	C					100	0.00
Name of Employer self-employed	Occupation physician		contrib	oution			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 700.00]				
SUBTOTAL of Receipts This Page	(optional)					400).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 29 OF

102

	J RECEIPTS		Detailed Summary Page		X 11a		11b	11c		12	_			
					13		14	15		16	17			
or for comme	ion copied from such Reports and service purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pe ddress of any political committee	to s	for the olicit co	pur ntrib	pose o outions	f soliciting from suc	g con h cor	ıtributi nmitte	ions e.			
	ER HEALTH FEDERAL	PAC												
	e (Last, First, Middle Initial) Elena Falcon			Date o	of Re	eceipt								
Mailing Ad	ddress 2212 Westway				12 14 _ 2012 _									
City		State	Zip Code	Transaction ID : SA11AI.20155										
mcallen		ТХ	78504	Amount of Each Receipt this Period										
	umber of contributing litical committee.	С					,			250.	00			
Name of	Employer	Occupation			contribu	ition								
self-emplo	byed	physician												
Receipt F	or:	Aggregate	Year-to-Date ▼											
Prin														
Othe	er (specify) 🔻		3000.00											
	Full Name (Last, First, Middle Initial) 3. Dr. Alexander Feigl						eceipt							
	dress 110 E. Savannah #101				M M / D D / Y Y Y Y									
5					12		14		_20'	12				
City		State	Zip Code		Trans	sacti	ion ID :	SA11AI.	.2015	6				
McAllen		TX	78503		Amoun	t of	Each F	Receipt th	nis P	eriod				
	umber of contributing litical committee.	С			250.00									
Name of	Employer	Occupation		-	contribution									
self-emplo	yed	physician												
Receipt F	or:	1	Year-to-Date ▼	-										
Prin	nary General	, iggi oguto												
Othe	er (specify) 🔻	L	1500.00											
Full Name	e (Last, First, Middle Initial) D Felici				Date o	of Re	eceipt							
Mailing Ac	ddress 2309 W. Greenbriar Square				12	/	14		_20	ү 12	Y			
City		State	Zip Code			sact		: SA11AI						
mcallen		ТΧ	78504		Amoun	t of	Each F	Receipt th	nis P	eriod				
FEC ID n	umber of contributing													
federal po	litical committee.	С			contribu	ution	9		_	100.	.00			
Name of	Employer	Occupation												
self-emplo		physician												
Receipt F		Aggregate	Year-to-Date ▼											
Prim	,		1264.65											
	er (specify) 🔻		1204.00											
SUBTOTAL	of Receipts This Page (optional)			<u> </u>			7	- 7	-	600.0	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

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

102

ITEMIZED 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 FEDEF	RAL PAC		
Full Name (Last, First, Middle Initial) A. Marco Flores Mailing Address 320 Primrose City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State TX C Occupation physician Aggregate	Zip Code 78504	Date of Receipt
Primary General Other (specify) ▼		2997.61]
Full Name (Last, First, Middle Initial) B. Ms Melissa P. Flores Mailing Address 4420 East Mile 17 1/2 City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	State TX C Occupation private inver		Date of Receipt
C. Mr. Raymond Franklin Mailing Address 3212 Nightingale Cour City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve		Date of Receipt Mark 12 14 2012 Transaction ID : SA11AI.20161 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (option	nal)		325.00

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

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi			for the	purpo	ose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-							
Full Name (Last, First, Middle Initial) A. Eugenio Galindo Mailing Address 5936 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4800.00		saction nt of E	14 0n ID :		nis Perioo	_
Full Name (Last, First, Middle Initial) B. Elvin Garcia Mailing Address 2800 Santa Teresa City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3000.00		sactio	14		nis Perioo	
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78574 Year-to-Date ▼ 3000.00		sactic	14 0n ID		nis Perioo	_
SUBTOTAL of Receipts This Page (option	nal)			. ,	,	7	900	0.00

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

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using			or the	purpo	ose of	f soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	-							
Full Name (Last, First, Middle Initial) A. Ms Nancy Garcia Mailing Address 1409 Dora Jeanne Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate			sactio	14		nis Period	
Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia Mailing Address 1717 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 4440.00		saction t of E	14 n ID :			_
Full Name (Last, First, Middle Initial) C. Dr. Ricardo Garcia Mailing Address 6108 North 5th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 525.00		sactio	14 on ID :		nis Period	
SUBTOTAL of Receipts This Page (optiona	l)						495	.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

FOR LINE NUMBER:

(check only one)

PAGE 33 OF

102

TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
	y information copied from such Reports and for commercial purposes, other than using the				for the		pose o	f soliciting	g contribu	utions					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL														
Α.	Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia				Date c		eceipt		2012	Ŷ					
	City McAllen	State TX	Zip Code 78501					: SA11AI. Receipt th		ł					
	FEC ID number of contributing federal political committee.	С			a n én ile i		7		100	0.00					
	Name of Employer self-employed	Occupation physician		C	ontribu	Ition									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00												
в.	Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu				Date of Receipt										
	Mailing Address 4121 N. 10th #240 City State Zip Code						M M / D D / Y Y Y Y Y 12 14 2012								
	City	State	_	Transaction ID : SA11AI.20170											
	Mcallen	ТХ	78504	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		250	0.00					
	Name of Employer selfemployed	Occupation physician		C	contribution										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2700.00	1											
с.	Full Name (Last, First, Middle Initial) Ms Anna Garza				Date c	of Re	eceipt								
	Mailing Address 3212 S Boyce Circle			12 14 2012											
	City Donna	State TX	Zip Code 78557		Transaction ID : SA11AI.20172 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,		2!	5.00					
	Name of Employer	Occupation		C	contribu	ltion									
	selfemployed	private inve	stor												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
s	UBTOTAL of Receipts This Page (optional)		<u> </u>				7	5	375	5.00					

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

7 7 7 7

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

102

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	11b	11c	12								
	m such Reports and Statements r s, other than using the name and														
Full Name (Last, First, Dr. James Garza Mailing Address 2821 L	·)ate of			2012	Y							
City	State	Zip Code		Transaction ID : SA11AI.20173 Amount of Each Receipt this Period											
Edinburg	ТХ	78539	A												
FEC ID number of cont federal political commit						5	400).00							
Name of Employer	Occupatio	n	co												
self-employed	physician														
Receipt For:		e Year-to-Date ▼													
Primary	General	4800.00	11												
Other (specify)		4800.00													
Full Name (Last, First, B. Dr. Martin Garza	D	ate of	f Receipt												
Mailing Address P.O. B	Mailing Address P.O. Box 180						M M / D D / Y Y Y Y Y 12 14 2012								
City	State	Zip Code		Transaction ID : SA11AI.20174											
Linn	TX	78563	A	mount	t of Each	n Receipt th	nis Period								
FEC ID number of cont federal political committ				50.00											
Name of Employer	Occupatio	n	co	- contribution											
selfemployed	physician														
Receipt For: Primary Other (specify) ▼	General	e Year-to-Date ▼ 300.00]												
Full Name (Last, First, C. Rene Garza	Middle Initial)			ate of	f Receipt	:									
Mailing Address 5404				M M / D D / Y Y Y Y 12 14 _2012 _											
City	State	Zip Code		Trans	saction II	D : SA11AI	.20175								
mcallen	ТХ	78504	A	mount	t of Each	n Receipt th	nis Period								
FEC ID number of cont federal political commit	5			400.00											
Name of Employer	Occupatio	n		contribution											
selfemployed	private inv	vestor													
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 4050.00]												
SUBTOTAL of Receipts	This Page (optional)				7	3	850	.00							

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

102

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		1b 4	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				for the	purpos	se of	f soliciting	g contribu	itions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC								
Full Name (Last, First, Middle Initial) A. Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General		Zip Code 78539 ee physician Year-to-Date ▼	Date of Receipt						
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Jesus Garza-Tamez		1500.00		Date o	f Rece	eipt			
Mailing Address 1400 W. Gardenia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed	State TX C Occupation physician	Zip Code 78501			saction t of Ea	14 : ID ו	SA11AI.:		_
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 700.00]						
C. Lawrence Gelman Mailing Address 3900 Sundown Drive City	State	Zip Code		Date o 12 Trans		D 14		2012 20178	Ŷ
mcallen FEC ID number of contributing federal political committee.	С	78503				ach F	Receipt th		0.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 4800.00		contribu	ition				
SUBTOTAL of Receipts This Page (optional).							7	625	.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

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

102

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	۱	11b 14	11c	12	17			
Any information copied from such or for commercial purposes, other			erson for th		rpose o	f soliciting	g contribu	utions			
NAME OF COMMITTEE (IN F BORDER HEALTH I	(IIL										
Full Name (Last, First, Middle A. Dr. Sathiyaraj George	Initial)				eceipt						
Mailing Address 2607 Solera			1:		/ D 14		2012	Y			
City Mission				Transaction ID : SA11AI.20179 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.			Amo	unt of	f Each	Receipt th		1 D.00			
Name of Employer	Occupation	1	contri	bution	า						
self-employed	physician										
Receipt For: Primary Gener Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]								
Full Name (Last, First, Middle B. Dr. Richard Gillett	Initial)		Date	of R	eceipt						
Mailing Address 54 South 10th			1.		/ 14		2012	Y			
City	State	Zip Code	Tra	nsact	tion ID :	SA11AL	20181				
McAllen	TX	78504	Amo	unt of	f Each I	Receipt th	is Perioc	ł			
FEC ID number of contributing federal political committee.	C				7		100	0.00			
Name of Employer	Occupation	1		oution							
self-employee	physician										
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1200.00]								
Full Name (Last, First, Middle C. Alvaro Giraldo	Initial)		Date	of R	eceipt						
Mailing Address 106 W. Flam	ngo		M 1:		/ D 14		2012	Y			
City mcallen	State TX	Zip Code 78504				: SA11AI . Receipt th		1			
FEC ID number of contributing federal political committee.	C				3		100	0.00			
Name of Employer	Occupation	1	contri	butior	า						
selfemployed	physician										
Receipt For:		Year-to-Date ▼									
Other (specify)		1200.00									
SUBTOTAL of Receipts This Pa	ge (optional)				7		450	0.00			

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b	11c	12	<u> </u>
	Any information copied from such Reports and Statements may not be sold or used by any por for commercial purposes, other than using the name and address of any political committee				purp				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-								
Full Name (Last, First, Middle Initial) A. Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX Occupation physician	Zip Code 78503 Year-to-Date ▼ 350.00			sactio	14 0n ID		nis Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 113 Canary City McAllen	State TX	Zip Code 78504			sactio	- 14 on ID :			
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	C Occupation physician Aggregate	Year-to-Date ▼ 1400.00	cc	ontribu	tion	,	1 47	200	2.00
Full Name (Last, First, Middle Initial) C. Mr. Marco Gomez Mailing Address 2705 Biltmore City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				saction saction st of E	14 on ID		nis Period	
SUBTOTAL of Receipts This Page (optional	al)							275	.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

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the	purpo	ose of	f soliciting	g contribu	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAI	L PAC								
Full Name (Last, First, Middle Initial) Mr. Michael Gonzales Mailing Address 204 Valenca City Weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investo Aggregate Ye				sactio	14	SA11AI.	nis Period	
Full Name (Last, First, Middle Initial) B. Ada Gonzalez Mailing Address P.O. Box 9817 City alamo FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private investo Aggregate Ye				saction at of E	14 n ID :	SA11AI.	nis Period	Y 1 5.00
Full Name (Last, First, Middle Initial) C. Ms Aida Gonzalez Mailing Address 311 E. Davis City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation private investo Aggregate Ye				sactio	14	: SA11AI	nis Period	
SUBTOTAL of Receipts This Page (optional)							7	120	.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

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

102

	EIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c 12 15 16	17
			ay not be sold or used by any ddress of any political committ				
NAME OF COMMIT	TEE (In Full) ALTH FEDERAL	PAC					
Full Name (Last, Fir Alfredo Gonzale Mailing Address 230 City mission FEC ID number of c federal political commons Name of Employer selfemployed Receipt For: Primary	z 55 Monaco Drive contributing mittee.	State TX C Occupation physician Aggregate	Year-to-Date ▼	12 Trar	14 nsaction ID nt of Each	: SA11AI.20191 Receipt this Period	0.00
Other (specify) Full Name (Last, Fir B. Dr. Esteban Go Multiple Address	st, Middle Initial) nzalez		350.00	Date	of Receipt		
Mailing Address 221 	0 Monaco Drive	State TX	Zip Code 78574		saction ID	2012 SA11AI.20192 Receipt this Period	Ŷ
FEC ID number of c federal political com		С		contribu			.00
Name of Employer self-employed		Occupation physician		Contribu	ution		
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 350.00				
Full Name (Last, Fir C. Jaime Gonzale	θZ			Date	of Receipt		
Mailing Address 35	1 Plazas del Lago	State	Zip Code	12	14	4 2012	Y
edinburg		TX	78539			: SA11AI.20193 Receipt this Period	
FEC ID number of c federal political com	0	С		contrib	, interview of the second s	250	0.00
Name of Employer selfemployed		Occupation private inve					
Receipt For: Primary Other (specify)	General ▼		Year-to-Date ▼ 3000.00				
SUBTOTAL of Receip	ts This Page (optional)					350	.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

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

102

	5	for each category of the Detailed Summary Page	X 11a	11b	11c	12	_
Any information copied from such Reports and Statements may not be sold or used b or for commercial purposes, other than using the name and address of any political co							
	n Full)				nom such	commu	
A. Juan Gonzalez-Dickso Mailing Address 1501 Mean City	on	Zip Code	M = M 12	Receipt	1	2012	Ŷ
weslaco FEC ID number of contribu	TX	78596			: SA11AI.2 Receipt thi	is Period	
federal political committee.	Occupation		contribut	ion	- J	250	.00
self-employed Receipt For:	physician	Year-to-Date ▼ 3000.00	1				
B. Verley Gordon Mailing Address 1700 E. Mi			M M		D / Y	YY	Y
City	State	Zip Code	12 Transa	14 action ID	1 : SA11AI.2	2012 20195	
mission FEC ID number of contribu federal political committee.	ting C	78574	Amount	of Each	Receipt thi	is Period 250	.00
Name of Employer selfemployed	Occupation physician		contributi	on			
Receipt For: Primary Ger Other (specify) ▼	heral Aggregate	Year-to-Date ▼ 2812.56	1				
Full Name (Last, First, Mide C. Enrique Griego			Date of	Receipt			
Mailing Address 905 Inspir	ratin Drive	Zip Code	12		4	2012	Y
pharr	TX	78577			: SA11AI.2 Receipt thi		
FEC ID number of contribu federal political committee.	ting					400	0.00
Name of Employer selfemployed	Occupation physician		contribut	ion			
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 4800.00]				
SUBTOTAL of Receipts This	Page (optional)			- 7		900	.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	<u> </u>
Any information copied from such Reports an or for commercial purposes, other than using					purp				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA									
Full Name (Last, First, Middle Initial) A. Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura				Date o		ceipt		2012	Y
City Mission	State TX	Zip Code 78572				on ID :	: SA11AI. Receipt th	20197	
FEC ID number of contributing federal political committee.	С					,	7	5	0.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 600.00	CI	ontribu	ition				
Full Name (Last, First, Middle Initial) B. Daniel Guerra Mailing Address 101 S. Broadway				Date o		ceipt	D / Y	Y Y	Y
City	State	Zip Code		12		14		2012	
Mcallen	TX	78501					SA11AI. Receipt th		
FEC ID number of contributing federal political committee.	С					,			0.00
Name of Employer self-employed	Occupation physician			ontribu	tion				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1350.00]						
Full Name (Last, First, Middle Initial) C. Marcy Guerra				Date o	of Red	ceipt			
Mailing Address 13337 Borolo Drive				^M 12	/	D 14		у у 2012	Y
City edinburg	State TX	Zip Code 78541					: SA11AI Receipt th		
FEC ID number of contributing federal political committee.	С			ontribu	tion	,	3	25	0.00
Name of Employer	Occupation		C	oninot	lion				
selfemployed	physician								
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		3000.00							
SUBTOTAL of Receipts This Page (optional))							400	0.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

102

EMIZED RECEIPTS	FECEIPIS for each category of the Detailed Summary Page		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC		
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City	State	Zip Code	Date of Receipt
edinburg FEC ID number of contributing federal political committee.	С	78539	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	physician		
Mailing Address 511 N. Depot Road		7.0	Date of Receipt
edinburg FEC ID number of contributing federal political committee.	С	78541	Transaction ID : SA11AI.20204 Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: □ Primary □ General Other (specify) ▼	physician		1
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg			Date of Receipt
City mcallen	State TX	Zip Code 78501	12 14 2012 Transaction ID : SA11AI.20205 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	physician		contribution
	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ FUI Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 211 N. Depot Road City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City state edinburg TX FEC ID number of contributing federal political committee. Name of Employer selfemployed Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City state edinburg TX FEC ID number of contributing federal political committee. Name of Employer selfemployed Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City state edinburg TX FEC ID number of contributing federal political committee. Name of Employer selfemployed Primary General Other (specify) ▼ City State Full Name (Last, First, Middle Initial) Magregate Primary General Other (specify) ▼ City State Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City State TX FEC ID number of contributing federal political committee. Name of Employer Selfemployed Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City State TX FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physician Receipt For: City State TX	y information copied from such Reports and Statements may not be sold or used by any p for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Alberto Cutierrez Mailing Address 6020 Wisconsin City State Zip Code edinburg TX 78539 FEC ID number of contributing federal political committee. Name of Employer selfemployed Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. City General Other (specify) ↓ Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City State Zip Code edinburg TX 78541 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 224 Lindberg City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physician Receipt For: Primary General City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physician Receipt For: Primary General City Receipt For: Primary General City Receipt For: Primary General City Receipt For: Primary General City Primary General City Receipt For: Primary General City Primary Gene

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

FEC Schedule A (Form 3X) Rev. 02/2003

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 43 OF

102

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c		12		
Any information copied from such Reports and S										ions	17
NAME OF COMMITTEE (In Full)		ess of any political committee	3 TO SO		ntribi	utions	from such	n co	mmitte	<u>e.</u>	
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate Yea	Zip Code 78573 ar-to-Date ▼ 600.00			saction	14 on ID		20 2020		Y 00]
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate Yea	Zip Code 78503 ar-to-Date ▼ 4800.00			actio	14 on ID :		20 2020		00]
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate Yea	Zip Code 78501 ar-to-Date ▼ 900.00			sacti	14 on ID		20 .202		_]
SUBTOTAL of Receipts This Page (optional)									525.0	20	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 44 OF

102

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$										
			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full BORDER HEALTH FE)												
Full Name (Last, First, Middle Ir A. Robert Helbing Mailing Address 820 Tamarack	itial)		Date of Receipt										
City	State	Zip Code	12 14 2012 Transaction ID : SA11AI.20209										
mcallen	TX	78501	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer	Occupation	l											
self-employed	private inve	stor											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	1										
Full Name (Last, First, Middle Ir B. Mr. Blake Hensler	itial)		Data of Dessist										
			Date of Receipt										
Mailing Address 3414 Pricess St	reet		12 14 _2012 _										
City	State	Zip Code	Transaction ID : SA11AI.20210										
Edinburg	ТХ	78539	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		25.00										
Name of Employer	Occupation	1	contribution										
self-employed	private inve	stor											
Receipt For:	Agaregate	Year-to-Date ▼											
Primary General		300.00	1										
Other (specify)		, , , , , , , , , , , , , , , , , , , ,	1										
Full Name (Last, First, Middle Ir C. Ms Monica Hensler	itial)		Date of Receipt										
	Mailing Address 3414 Princess Street												
City	State	Zip Code	Transaction ID : SA11AI.20211										
Edinburg	ТХ	78539	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		25.00										
Name of Employer	Occupation	1	contribution										
selfemployed	private inve	estor											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify) ▼		300.00											
SUBTOTAL of Receipts This Page	l e (optional)		100.00										

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

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

102

	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 3000.00 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20212 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 3000.00	Date of Receipt Table of Receipt 12 14 2012 Transaction ID : SA11AI.20214 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 3000.00 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20198 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

102

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 t			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name (Last, First, Middle Initial) A. Dr. Dynio Honrubia Mailing Address 5600 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 600.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 204 Rio Grande	State	Zip Code	Date of Receipt
mission FEC ID number of contributing federal political committee. Name of Employer	TX C Occupation	78572	Amount of Each Receipt this Period
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate	Year-to-Date ▼ 3000.00]
Full Name (Last, First, Middle Initial) C. Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			400.00

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

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

102

TIEMIZED RECEIPTS	for each category of Detailed Summary P	Page X 11a 11b 11c 12				
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER/						
Full Name (Last, First, Middle Initial) A. Dr. Norma Iglesias Mailing Address 712 S. Cage		Date of Receipt				
City	State Zip Code	12 14 2012 Transaction ID : SA11AI.20218				
Pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼		00.00				
Full Name (Last, First, Middle Initial) B. Ms Marina Jacobson		Date of Receipt				
Mailing Address 1505 Doherty		12 14 2012				
City	State Zip Code	Transaction ID : SA11AI.20219				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer	Occupation	contribution				
selfemployed	private investor					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) ▼	30	0.00				
Full Name (Last, First, Middle Initial) C. Dr. Danielle Jinenez-Flores		Date of Receipt				
Mailing Address 4212 Lebanon						
City	State Zip Code	Transaction ID : SA11AI.20220				
Edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	S (S					
Name of Employer	Occupation	contribution				
self-employed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify) ▼	35	50.00				
SUBTOTAL of Receipts This Page (optional	l)					

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

102

116	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c		12 16	17				
	y information copied from such Reports and for commercial purposes, other than using				or the		rpose o	f soliciting	g cont	tributi	ions				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC													
Α.	Full Name (Last, First, Middle Initial) Dr. Belinda Jordan Mailing Address 2621 Trenton				Date c		eceipt		20 ⁴	ү 12	Y				
	City Edinburg	State TX	Zip Code 78539		Transaction ID : SA11AI.20221										
-	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
	Name of Employer	Occupation													
	self-employed	physician													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]											
	Full Name (Last, First, Middle Initial) Donna Joule			Date of Receipt											
	Mailing Address 708 S H Street						12 14 2012								
	City	State	Zip Code	Transaction ID : SA11AI.20222						2					
-	mcallen	TX	78501	/	Amour	nt of	Each F	Receipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	С			25.00										
\$	Name of Employer selfemployed	Occupation physician		contribution											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]											
	Full Name (Last, First, Middle Initial) Nelson Kalaf				Date o	of R	eceipt								
	Mailing Address 5401 N. 8th Street		12 14 2012							Y					
-	City mcAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.2022 Amount of Each Receipt this Po											
	FEC ID number of contributing federal political committee.	250.00													
Ī	Name of Employer	Occupation		c	contributon										
	selfemployed	physician													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		3000.00]											
รเ	JBTOTAL of Receipts This Page (optional).						1			325.0	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

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

102

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17				
	y information copied from such Reports and for commercial purposes, other than using				for the		rpose o	f soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL													
Α.	Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle				Date o		eceipt	D / Y	- Y - Y	Y				
							12 14 2012							
	CityStateZip Coderio grande cityTX78582							: SA11AI	-					
	FEC ID number of contributing federal political committee.	C			Amoun	it of	, Each	Receipt th		0.00				
	Name of Employer	Occupation	1	c	contribu	ition	1							
	selfemployed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00]										
в.	Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan				Date o	of Re	eceipt							
	Mailing Address 7902 N. 2th Street						12 14 YYYYY 12 14 2012							
	City	State	Zip Code	Transaction ID : SA11AI.20226										
	McAllen	ТХ	78504		Amoun	nt of	Each	Receipt th	nis Period	k				
	FEC ID number of contributing federal political committee.	С			200.00									
	Name of Employer	Occupation	l	c	ontribu	tion								
	self-employed	physician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00]										
с.	Full Name (Last, First, Middle Initial) Mr. Kambiz Khademi				Date o	of Re	eceipt							
	Mailing Address P.O.Box 3422				12	/	D 14		у у 2012	Y				
	City McAllen	State TX	Zip Code 78502					: SA11AI Receipt th		ł				
	FEC ID number of contributing federal political committee.	С					л. I			0.00				
	Name of Employer	Occupation		(contribu	utior	۱							
	self-employed	physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00]										
s	UBTOTAL of Receipts This Page (optional).			•			7	7	490).00				

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

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

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

102

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a		11b	11c	12	-							
					13		14	15	16		17						
	y information copied from such Reports and for commercial purposes, other than using th																
\backslash	NAME OF COMMITTEE (In Full)																
Ľ	BORDER HEALTH FEDERAL																
Α.	Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan				Date of Receipt												
	Mailing Address 3435 MacQuarie Drive				12	/	D 14		y y 2012	Y	1						
	City	State	Zip Code			sact		SA11AI.									
	Edinburg	ТХ	78539	_	Amoun	it of	Each	Receipt th	is Perio	d							
	FEC ID number of contributing federal political committee.	С					7		5	50.00	0						
	Name of Employer	Occupation		- (contribu	ition											
	self-employed	physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		350.00	1													
в.	Full Name (Last, First, Middle Initial) B. Gholam Kiani						eceipt										
	Mailing Address 213 e. Xenops						12 14 2012										
	City		Transaction ID : SA11AI.20230														
	mcallen	TX	78504	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –								250.00							
	Name of Employer selfemployed		c	ontribu	tion												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00														
— c.	Full Name (Last, First, Middle Initial) Mr. John Kiker				Date o	of Re	eceipt										
	Mailing Address 416 N. 17th Street				M M	/	D 14		y y 2012	Y	1						
	City Donna	State TX	Zip Code 78537					: SA11AI.			_						
			10001		Amoun	it of	Each	Receipt th	iis Perio	d	_						
	FEC ID number of contributing federal political committee.	С		contribution						0							
	Name of Employer	Occupation		Π'	Jonuibl	inon											
	self-employed	physician															
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify) ▼		350.00														
s	UBTOTAL of Receipts This Page (optional)		······ •	•			9		35	0.00	2						
т	OTAL This Period (last page this line number	only)	•••••	•			,										

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17		
Any information copied from such Reports an or for commercial purposes, other than using				or the		pose of	f soliciting	g contrib	outions		
	L PAC										
Full Name (Last, First, Middle Initial) A. Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2300.00			sact	14 ion ID :		his Perio			
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K City	State	Zip Code		Date o 12 Trans	/	14		2012 20233	T Y		
weslaco FEC ID number of contributing federal political committee.	С	78596		Amount of Each Receipt this Period							
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00		ontribu	uon						
Full Name (Last, First, Middle Initial) Dr. Hossein Lahiji Mailing Address 801 E. Nolana #20					of Re	eceipt 14		2012	Y		
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2400.00			nt of	Each F	SA11AI	his Perio	d 00.00		
SUBTOTAL of Receipts This Page (optiona	I)							80	0.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

102

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL										
Full Name (Last, First, Middle Initial) Ramiro Leal Mailing Address 601 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 350.00	Date of Receipt								
Full Name (Last, First, Middle Initial) B. Dr. Raul Ledesma Mailing Address 5508 N. 1st Street	Date of Receipt									
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.20236 Amount of Each Receipt this Period								
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 700.00	100.00								
Full Name (Last, First, Middle Initial) C. Dr. Rodrigo Lema		Date of Receipt								
Mailing Address 124 Canary City McAllen FEC ID number of contributing federal political committee.	StateZip CodeTX78504	Image: Market								
Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 350.00	contribution								
SUBTOTAL of Receipts This Page (optional)	I	▶ 200.00								

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

100

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	NUMBER / one) 11b 14	PAGE 11c 15	3 OF 12 16	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC							
Full Name (Last, First, Middle Initial) A. Dr. Rick Lin			Date of	Receipt			

Α.	Dr. Rick Lin		Date of Receipt
	Mailing Address 5112 N. 10th Street		
	City McAllen	State Zip Code TX 78504	12 14 2012 Transaction ID : SA11AI.20239 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	- contribution
	self-employee	physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	_
в.	Full Name (Last, First, Middle Initial) Dr. Enrique Linan		Date of Receipt
	Mailing Address 3003 Santo Olivia		12 14 2012
	City	State Zip Code	Transaction ID : SA11AI.20240
	Mission	TX 78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	- contribution
	self-employee	physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	-
<u>с</u> .	Full Name (Last, First, Middle Initial) Dale Linebarger		Date of Receipt
	Mailing Address 901 West 9th Street #405		M M / D D / Y Y Y Y 12 14 2012
	City	State Zip Code TX 78703	Transaction ID : SA11AI.20241
	austin	TX 78703	Amount of Each Receipt this Period

102

17

federal political committee. contribution Name of Employer Occupation private investor self-employed Receipt For: Aggregate Year-to-Date ▼ Primary General 4800.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... . 9 10. _

С

400.00

Amount of Each Receipt this Period

FEC ID number of contributing

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

102

TTEMIZED 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 FEDER	AL PAC								
Full Name (Last, First, Middle Initial) A. Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer			Date of Receipt						
	• · · · · · · · · · · · · · · · · · · ·								
City	State TX	Zip Code 78504	Transaction ID : SA11AI.20242						
McAllen	1.	78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer	Occupation		contribution						
self-employed	physician								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	1						
		1 1 1	1						
Full Name (Last, First, Middle Initial) B. Ms Lisa Longoria			Date of Receipt						
Mailing Address 716 South Excalibur Stre	12 14 Y Y Y Y 12 14								
City	State	Zip Code	Transaction ID : SA11AI.20244						
Edinburg	ТХ	78539	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer self-employee	Occupation private inves	stor	contribution						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		, 557.45							
Full Name (Last, First, Middle Initial) C. Alfredo Lopez			Date of Receipt						
Mailing Address 7609 N. 24th Circle			12 14 2012						
City	State	Zip Code	Transaction ID : SA11AI.20246						
mcallen	ТХ	78504	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s a l								
Name of Employer	ame of Employer Occupation								
selfemployed	physician								
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		950.00]						
SUBTOTAL of Receipts This Page (option	al)		250.00						

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 55 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17		
Any information copied from such Reports a or for commercial purposes, other than using												
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERA	AL PAC											
Full Name (Last, First, Middle Initial) A. Dr. Sergio Lozano Mailing Address 2309 Spicewood Drive				Date c		ceipt		ү ү 2012		1		
City Weslaco	State TX	Zip Code 78596				-	SA11AI Receipt th					
FEC ID number of contributing federal political committee.	С					7	5	2	25.00)		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate	Year-to-Date ▼	contribution									
Other (specify)		300.00]									
B. Full Name (Last, First, Middle Initial) Mailing Address 3801 Sundown Court East	st		[Date of Receipt			Y	1				
City	State	Zip Code		12 14 2012 Transaction ID : SA11AI.20250								
mcallen FEC ID number of contributing federal political committee.	С	78503	Amount of Each Receipt this Period	od 50.00)							
Name of Employer selfemployed	Occupation physician		contribution									
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 3000.00]					
Full Name (Last, First, Middle Initial) C. Dr. Roberto M. Mangoo-Karim				Date o	of Re	ceipt						
Mailing Address 3817 Sundown Ct				^M 12	1 /	D 14		ү 2012	Y]		
City McAllen	State TX	Zip Code 78503					SA11AI Receipt th		bd			
FEC ID number of contributing federal political committee.	С			250.00						5		
Name of Employer	Occupation		C	contribution								
selfemployed Receipt For:	physician Aggregate	Year-to-Date ▼										
Other (specify) ▼		1500.00]									
SUBTOTAL of Receipts This Page (optiona	l)							52	25.00	,		

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

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) A. Carlos Manrique Mailing Address 116 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4800.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20252 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City	State	Zip Code	Date of Receipt
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General ○ Other (specify)	TX C Occupation physician	78504	Transaction ID : SA11AI.20253 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) C. Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78539 Year-to-Date ▼ 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AL20254 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (option	al)		1050.00

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 57 OF

102

TTEMIZED RECEIPTS			Detailed Summary Page		X	1		11b	11c		12	<u> </u>				
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma	l ay not be sold or used by any p ddress of any political committed	erson	n fe	13 or the icit co	pui pui	14 pose contions	15 of solicitin from suc	g cor	16 ntribut mmitte	ions ee.				
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL															
Δ.	Full Name (Last, First, Middle Initial) Dr. Robert Martinez				Г)ate c	of Re	eceipt								
	Mailing Address 2809 Santa Lydia				l	M N N					012	Y				
	City	State	Zip Code		1		sact		- : SA11AI							
	Mission	TX	78572	_	Α	mour	nt of	Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						7	3	_	100.	.00				
	Name of Employer	Occupation			СС	ontribu	ition	1								
	self-employee	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		1000.00	11.												
	Other (specify)		1200.00													
в.	Full Name (Last, First, Middle Initial) Santos Martinez	-				Date c	of Re	eceipt								
	Mailing Address 125 East Yucca	g Address 125 East Yucca					12 14 2012									
	City	State	Zip Code		1		sact		: SA11AI							
	mcallen	ТХ	78504		A	mour	nt of	Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	C						7	7	_	250.	00				
	Name of Employer	me of Employer Occupation							- contribution							
	self-employed	private inve	stor													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)		2909.52	4												
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Israel Mata	I				Date c	of Re	eceipt								
	Mailing Address 2601 Lakeshore Drive				I	M N	1	1)12	Y				
	City	State	Zip Code		1	Tran	sac	tion ID	: SA11A	-	1.00					
	Edinburg	ТХ	78539		A	mour	nt of	Each	Receipt t	his P	eriod					
	FEC ID number of contributing federal political committee.	С						7		_	50	.00				
	Name of Employer	Occupation			С	ontribu	uton									
	self-employed	physician														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	00 0		11.												
	Other (specify)		350.00													
s	UBTOTAL of Receipts This Page (optional)			▶	ļ			3		-	400.	00				

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

18

.

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 58 OF

102

TEMIZED RECEIPTS		Detailed Summary Page		K 11a 13		11b 14	11c	12	Г	17
Any information copied from such Reports and or for commercial purposes, other than using the				for the		rpose c	of soliciting	g contrib		ns
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo				Date of		eceipt	D / Y	2012		1
City Mission	State TX	Zip Code 78572		Tran		tion ID	• : SA11AI Receipt tl	.20258		-
FEC ID number of contributing federal political committee.	С					7		1(00.00	J
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 700.00		contrib	utior	1				
Full Name (Last, First, Middle Initial) Ms Kimberely McNutt Mailing Address 7716 N. 27th				Date of Receipt						
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.20260 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С					3	- 7		25.00)
Name of Employer self-employed	Occupation private inve		c	contribu	ition					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name (Last, First, Middle Initial) C. Dr. Javier Media				Date	of R	eceipt				
Mailing Address 3601 Oakwood Lane				M 12		/ D 14	4	2012	Y]
City Mission	State TX	Zip Code 78573	_				: SA11AI Receipt tl		d	
FEC ID number of contributing federal political committee.	С			contrib	utior	7		ę	50.00	D
Name of Employer selfemployed Receipt For:	Occupation physician			_ contribution						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
SUBTOTAL of Receipts This Page (optional)			<u> </u>		-	7		17	5.00	,

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

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

102

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 s for commercial purposes, other than using the	erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name (Last, First, Middle Initial) A. Bertha Medina Mailing Address 1300 1 1/2 Street City S			Bertha Medina Mailing Address 1300 1 1/2 Street City State Zip Code							
	mcallen FEC ID number of contributing federal political committee. Name of Employer	TX C	78501	Amount of Each Receipt this Period 400.00 contribution						
	selfemployed Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4800.00								
в.	Full Name (Last, First, Middle Initial) Ms Camen Martha Medina Mailing Address 509 E. Yucca			Date of Receipt						
	City McAllen FEC ID number of contributing federal political committee.	State TX	Zip Code 78504	Transaction ID : SA11AI.20263 Amount of Each Receipt this Period 50.00						
	Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 350.00	- contribution						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle			Date of Receipt						
	City McAllen	State TX	Zip Code 78501	12 14 2012 Transaction ID : SA11AI.20264 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee. Name of Employer			400.00 contribution						
	self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 4800.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	850.00						

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 60 OF

102

ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 270.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20266 Amount of Each Receipt this Period 90.00 contribution
Full Name (Last, First, Middle Initial) B. Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.20269
mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) C. Scott Meyer Mailing Address 2100 School Lane		Date of Receipt
City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	State TX Zip Code 78572 C Occupation private investor Aggregate Year-to-Date ▼ 521.41	12 14 2012 Transaction ID : SA11AI.20270 Amount of Each Receipt this Period 35.00 contribution
SUBTOTAL of Receipts This Page (optional)		375.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

102

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12		17							
Any information copied from such Reports a or for commercial purposes, other than usin																	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER/	AL PAC																
A. Dr. Fausto Meza Mailing Address 4914 Edinburg Road	Dr. Fausto Meza						Date of Receipt										
City Edinburg	State TX	Zip Code 78539		12 14 2012 Transaction ID : SA11AI.20271 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С			25.00													
Name of Employer selfemployed Receipt For:	Occupation private inve	stor	C(ontribu	ition												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 377.98	1														
Full Name (Last, First, Middle Initial) Dr. Emil Milano					Date of Receipt												
Mailing Address 225 E. Cornell							12 14 2012										
City McAllen	State TX	Zip Code 78504	/	Transaction ID : SA11AI.20272 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С			100.00													
Name of Employer selfemployed	Occupation private inve		co	ontribu	tion												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]														
Full Name (Last, First, Middle Initial) C. Carlos N Mohamed Jr.				Date o	of Re	ceipt											
Mailing Address 2821 Michael Angelo					12 14 Y Y Y Y 2012												
City Edinburg	State TX	Zip Code 78539					: SA11AI Receipt th		od								
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period													
Name of Employer	Occupation		C	contribution													
self-employed Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]														
SUBTOTAL of Receipts This Page (optiona	al)							2:	25.0	0							

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 62 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			for the	purpo	ose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-		 					
Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Mailing Address 324 Heron City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 300.00		sactio	14 12 -		nis Perioo	_
Full Name (Last, First, Middle Initial) B. Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 700.00		saction at of E	14 n ID :		nis Perioo	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 4800.00		sactio	14		nis Perioc 40	_
SUBTOTAL of Receipts This Page (option	al)			,			550	0.00

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

FOR LINE NUMBER:

(check only one)

PAGE 63 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11		11c	12				
Any information copied from such Reports ar or for commercial purposes, other than using						e of						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA						,113						
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78503 Year-to-Date ▼ 4800.00		Date of Receipt Date of Receipt 12 14 2012 Transaction ID : SA11AI.20276 Amount of Each Receipt this Period 400.00 contribution								
Full Name (Last, First, Middle Initial) B. Leonel Moreno Mailing Address 1608 Woods Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 3000.00		12 Trans	saction t of Ea	14 ID :			_			
Full Name (Last, First, Middle Initial) C. Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane City Weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78596 Year-to-Date ▼ 350.00		12 Trans	saction t of Ea	14 ID :		iis Period				
SUBTOTAL of Receipts This Page (optional)							700	.00			

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

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

FOR LINE NUMBER:

(check only one)

PAGE 64 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	111		11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using				for the	purpos	e of s	soliciting	contribu	tions			
	-											
Full Name (Last, First, Middle Initial) A. Dr. Jesse Naranjo Mailing Address 3301 N. Cynthia Lane City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 700.00	Date of Receipt Mark / Drb / Yryry 12 14 2012 Transaction ID : SA11AI.20280 Amount of Each Receipt this Period 100.00 contribution									
B. Full Name (Last, First, Middle Initial) Mailing Address 3020 Melinda Drive		м м 12	JL	14	/ Y SA11AI.2	2012 20281	Y					
Edinburg FEC ID number of contributing federal political committee.	С	78539		Amount of Each Receipt this Period								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 600.00]									
C. Full Name (Last, First, Middle Initial) Dr. William O'Callaghan Mailing Address 111 NE Augusta Square	Dr. William O'Callaghan Mailing Address 111 NE Augusta Square						/ Y	2012	Y			
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 700.00		Transaction ID : SA11AI.20282 Amount of Each Receipt this Period 100.00 contribution								
SUBTOTAL of Receipts This Page (optiona	I)							250.	.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

FOR LINE NUMBER:

(check only one)

PAGE 65 OF

102

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 FEDERAL	PAC									
Α.	Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street	Date of Receipt									
	City	State	Zip Code	Transaction ID : SA11AI.20285							
	Weslaco	ТХ	78596	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer	Occupation	l								
	self-employed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]							
в.	Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa	Date of Receipt									
	Mailing Address 2421 N. 'J' Street	12 14 2012									
	City	State	Zip Code	Transaction ID : SA11AI.20283							
	McAllen	TX	78501	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
	Name of Employer	Occupation	1	contribution							
	self-employed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana	I		Date of Receipt							
	Mailing Address 2604 Santa Teresa			12 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Mission	State TX	Zip Code 78572	Transaction ID : SA11AI.20286							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer	Occupation	1	contribution							
	self-employed	doctor									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 750.00]							
s	UBTOTAL of Receipts This Page (optional)			300.00							

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

102

		for each category of the Detailed Summary Page	-	11b	11c	12	<u> </u>
Any information copied from such Reports a or for commercial purposes, other than usir							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-						
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1200.00	12 Trans	1 saction ID t of Each	4 2: SA11AI Receipt th	nis Period	
Full Name (Last, First, Middle Initial) B. Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive		f Receipt			X		
City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78539 stor Year-to-Date ▼ 1200.00		t of Each	4 : SA11AI. Receipt th	nis Period	0.00
Full Name (Last, First, Middle Initial) C. Dr. John Orfanos Mailing Address 5416 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 350.00	12 Trans	1 saction IE t of Each) : SA11AI Receipt th	nis Period	
SUBTOTAL of Receipts This Page (option	al)			3	7	250	.00

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

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 67 OF

102

TIEMIZED RECEIPTS		r each category of the etailed Summary Page	X	11a 13		1b 4	11c	12	17					
Any information copied from such Repo or for commercial purposes, other than				or the	purpo	se o	f soliciting	g contribu	utions					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE														
A. Full Name (Last, First, Middle Initial) Mr. Jose Ortega Mailing Address 2504 Xanthisma				Date o M M M	f Rece	eipt D		2012	Ŷ					
City mcallen		•					Transaction ID : SA11AI.20290 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C					ach I	Receipt th		0.00					
Name of Employer	Occupation		co	ontribu	ition									
self-employed	private investor													
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 540.45]											
Full Name (Last, First, Middle Initial) B. Juan Ortiz					f Rece	eipt								
Mailing Address 4501 N. Cynthia		12 14 _2012 _												
City	State	Transaction ID : SA11AI.20291												
mcallen	ТХ	78504	Amount of Each Receipt this Pe						t					
FEC ID number of contributing federal political committee.	С			50	0.00									
Name of Employer selfemployed	Occupation physician		co	ontribut	tion									
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 350.00]											
Full Name (Last, First, Middle Initial) C. Armando Osio				Date o	f Rece	eipt								
Mailing Address 600 Tulip						12 14 2012								
City mcallen						Transaction ID : SA11AI.2029 Amount of Each Receipt this Pe								
FEC ID number of contributing federal political committee.	C	C					250.00							
Name of Employer	Occupation		co	ontribu	ition									
selfemployed	physician													
Receipt For: Primary General Other (specify) ▼	Aggregate Year	to-Date ▼ 3000.00]											
SUBTOTAL of Receipts This Page (op	ional)						7	320	0.00					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 68 OF

102

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 to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC		
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78501 Year-to-Date ▼ 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20294 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78572 Year-to-Date ▼ 1075.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20295 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional	l)		400.00

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

FOR LINE NUMBER:

(check only one)

PAGE 69 OF

102

TEMIZED RECEIPTS	each category of the ailed Summary Page		-		11b	11c	12		. –
Any information copied from such Reports and s or for commercial purposes, other than using the								utions	17
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL									
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr. Mailing Address P.O. Box 3669 City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	p Code 8540 D-Date ▼ 600.00			sacti t of	14 ion ID :		nis Perioo	_]
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	p Code 3504 D-Date ▼ 3000.00			action	14 on ID :	SA11AI. Receipt th	nis Period	_]
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	p Code 3596 ⊃-Date ▼ 700.00			sacti t of	14 ion ID		nis Perioo	_]
SUBTOTAL of Receipts This Page (optional)	 ••••••	•			,		400	0.00	

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

9 9 9

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 70 OF

102

	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 S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 3750.00 3750.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Eduardo Peguero Mailing Address P.O.Box 5959 City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78502 C Occupation physcian Aggregate Year-to-Date ▼ 1800.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20300 Amount of Each Receipt this Period 150.00 150.00 contribution Contribution
Full Name (Last, First, Middle Initial) C. Dr. Alberto Pena Mailing Address 3716 Tigris City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78539 C Occupation Occupation doctor Aggregate Year-to-Date ▼ 564.90	Date of Receipt 12 14 2012 Transaction ID : SA11AL20301 Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)		450.00

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

Image# 13962848069		
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA Full Name (Last, First, Middle Initial) A. Jose Pena Mailing Address 100 Bluebird	L PAC	Date of Receipt
City mcallen	State Zip Code TX 78504	12 14 2012 Transaction ID : SA11AI.20302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 4800.00	
Full Name (Last, First, Middle Initial) B. Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt
City pharr	StateZip CodeTX78577	12 14 2012 Transaction ID : SA11AI.20303 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For:	Occupation private investor	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	
Full Name (Last, First, Middle Initial) C. Dr. Raul Pena Mailing Address 3500 San Clemente		Date of Receipt
City Mission	State Zip Code TX 78572	12 14 2012 Transaction ID : SA11AI.20304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution

physician

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

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

Aggregate Year-to-Date V

1075.00

925.00

1. AL

102

17

self-employed

Primary

Other (specify)

General

Receipt For:

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

102

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17			
	ny information copied from such Reports a for commercial purposes, other than using				for the		oose of	f soliciting	g contrib	utions			
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC											
Α.	Full Name (Last, First, Middle Initial) Ernie Perez Mailing Address P.O. Box 5360				Date c		ceipt		2012	Y			
	City	State	Transaction ID : SA11AI.20305										
	mcallen	ТХ	78502	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			ontribu	ution	,		2	5.00			
	Name of Employer	Occupation			onunou	lion							
	self-employed	private inve	stor										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		000.00	11.									
	Other (specify)		300.00	4									
в.	Full Name (Last, First, Middle Initial) Dr. Florencia Perez				Date c	of Re	ceipt						
	Mailing Address 4600 Victoria				12 14 2012								
	City	State	Zip Code		Transaction ID : SA11AI.20307								
	McAllen	ТХ	78503		Amour	nt of	Each F	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С		200.0									
	Name of Employer	Occupation	contribution										
	selfemployed	private inve	stor										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1796.10]]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Francisco Perez				Date c	of Re	ceipt						
	Mailing Address 4726 S. Jackson					12 14 2012							
	City	State	Zip Code		Tran	sacti	on ID :	SA11AI	.20306				
	Edinburg	ТХ	78539		Amour	nt of	Each F	Receipt th	nis Perio	d			
	FEC ID number of contributing federal political committee.	С			50.00								
	Name of Employer	Occupation	contribution										
	self-employee	physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		350.00	11									
	Other (specify)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
5	SUBTOTAL of Receipts This Page (optional	l)		►			7		27	5.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 73 OF

102

			Detailed Summary Page		11a		11b	11c		12	
<u> </u>		a			13		14	15		16	17
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	ay not be sold or used by any p ddress of any political committee	erson e to so	for the	e pu ontri	rpose of butions f	soliciting rom such	اCO ۱ CO	ntribut mmitte	ions ee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Irene Perez-Young				Date	of R	eceipt				
	Mailing Address 109 N. Nueces Park Lane				[™]	VI	/ D D D 14	/ Y		012	Y
	City	State	Zip Code			sac		SA11AI.2			
	Harlingen	ТХ	78552		Amou	nt of	Each R	eceipt thi	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	50.	00
	Name of Employer	Occupation		c	ontrib	utior	ı				
	self-employee	physician									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		250.00	11							
	Other (specify)		350.00								
в.	Full Name (Last, First, Middle Initial) Claudia Pierson				Date	of R	eceipt				
	Mailing Address 6912 N. Peking				M 12	VI		/ Y)12	Y
	City	State	Zip Code		Tran	sac	tion ID :	SA11AI.2	2030)9	
	mcallen	TX	78501		Amou	nt of	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	400.	00
	Name of Employer	Occupation		c	ontribu	ution					
	selfemployed	physician									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2795.11]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Francisco Pina	L			Date	of R	eceipt				
	Mailing Address 129 E. Jones				м 12	N	/ D D 14	/ Y)12	Y
	City	State	Zip Code		Trar	sac	tion ID :	SA11AL	203	10	
	Pharr	ТХ	78577		Amou	nt of	Each R	eceipt thi	is P	'eriod	
	FEC ID number of contributing federal political committee.	С			25.00				.00		
	Name of Employer	Occupation	I	- '	contrib	utior	1				
	selfemployed	private inve	stor								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)		17 I I 17 I I 18 I			-			_	475.0	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

FOR LINE NUMBER:

(check only one)

PAGE 74 OF

102

		for each category of the Detailed Summary Page	×	11a		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than usir			for the	purp	ose of	f soliciting	g contrib	utions	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC								
Full Name (Last, First, Middle Initial) Ms Jessica Porras Mailing Address 5128 North 10th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State TX C Occupation private inve Aggregate				saction nt of E	14 0n ID :		nis Period	
Full Name (Last, First, Middle Initial) B. Sergio Preciado Mailing Address 521 E. Bluebird City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 2803.88			sactic	14		nis Perioo	
Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78502 Year-to-Date ▼ 700.00			saction nt of E	14 on ID :		nis Perioo 10	_
SUBTOTAL of Receipts This Page (option	al)					,	,	37	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 75 OF

102

	EMIZED RECEIPTS		RECEIPTS for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
	nation copied from such Reports an nmercial purposes, other than using			for the		oose o	f soliciting	g contribu	utions	
NAME	OF COMMITTEE (In Full) RDER HEALTH FEDERA									
A. Dr. S	ame (Last, First, Middle Initial) Samuel Ramirez Address 5201 N. 10th				Date o		ceipt	D / Y	Y Y	Y
City		State	Zip Code	_	12	١.,	14		2012	_
McAlle	an an	TX	78504					: SA11AL		4
FEC II	D number of contributing political committee.	С						Receipt th		0.00
Name	of Employer	Occupation	l	c	ontribu	ition				
	nployee	physician								
	ot For: Primary General Other (specify) ↓	Aggregate	Year-to-Date ▼ 245.60							
	ame (Last, First, Middle Initial) io Ramirez	I			Date o	of Re	ceipt			
Mailing	Address 1608 Woods Drive				M M	/	D 14		2012	Y
City		State	Zip Code		Trans	sacti	on ID :	: SA11AI.	20316	
missio	n	ТХ	78572		Amoun	nt of	Each I	Receipt th	nis Period	k
	D number of contributing political committee.	С			250.0				0.00	
Name	of Employer	Occupation	l	C(ontribu	tion				
selfem	ployed	physician								
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00							
	ame (Last, First, Middle Initial) tavo Ramos				Date o	of Re	ceipt			
Mailing	Address 1301 S. Perking				^M 12	/	D 14		ү ү 2012	Y
City mcalle	en	State TX	Zip Code 78501					: SA11AI Receipt th		ł
	D number of contributing political committee.	С			250.0				0.00	
Name	of Employer	Occupation	1	contribution						
	ployed	physicain								
	ot For: Primary General Dther (specify) ↓	Aggregate	Year-to-Date ▼ 4350.00							
SUBTOT	AL of Receipts This Page (optional)					7		540).00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	H	11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for t	he p	ourpose o	f soliciting	contribu	tions
Full Name (Last, First, Middle Initial) A. Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78502 Year-to-Date ▼ 300.00		2 ansa ount	of Each		is Period	
Full Name (Last, First, Middle Initial) B. Mr. Mario Rangel Mailing Address 3213 Lance Lot Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inves Aggregate	Zip Code 78539 stor Year-to-Date ▼ 418.28		2 ansa ount	of Each		iis Period	.00
Full Name (Last, First, Middle Initial) C. Ms Soraya Rangel Mailing Address 2010 S. Cynthia Ste 110 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation private inve Aggregate	Zip Code 78503 stor Year-to-Date ▼ 281.56		2 ansa ount	of Each		iis Period	5.00
SUBTOTAL of Receipts This Page (optional).					3		100	.00

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

18

- J

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 77 OF

102

TEMIZED RECEIPTS		CEIPIS for each category of the Detailed Summary Page		
			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.	17
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC			
Full Name (Last, First, Middle Initial) A. Dr. Shahid Rashid Mailing Address 112 Canary			Date of Receipt	
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.20322 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		100.00	
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	/ear-to-Date ▼ 300.00	contribution	
B. Full Name (Last, First, Middle Initial) Mailing Address 1500 Southland Drive			Date of Receipt	
City weslaco	State TX	Zip Code 78596	12 14 2012 Transaction ID : SA11AI.20323	
FEC ID number of contributing federal political committee.	C	76390	Amount of Each Receipt this Period	
Name of Employer selfemployed	Occupation physician		contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1500.00	1	
Full Name (Last, First, Middle Initial) C. Dr. Manuel Reinoso			Date of Receipt	
Mailing Address 1400 E Ridge suite 7			12 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City McAllen	State TX	Zip Code 78503	Transaction ID : SA11AI.20324 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer self-employee	Occupation physician		contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	1	
SUBTOTAL of Receipts This Page (option	' al)		250.00	٦

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 78 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
A. Full Name (Last, First, William Restrepo Mailing Address 1117 S			Date of Receipt
City mcallen	Stat TX	e Zip Code 78504	12 14 2012 Transaction ID : SA11AI.20325 Amount of Each Receipt this Period
FEC ID number of cont federal political committ			250.00
Name of Employer selfemployed	Occup physic		contribution
Receipt For: Primary Other (specify) ▼	General Aggre	egate Year-to-Date ▼ 3000.00	
Full Name (Last, First, B. Dr. Anna Reyes			Date of Receipt
Mailing Address 320 No			12 14 2012
City	Stat	I	Transaction ID : SA11AI.20326
McAllen FEC ID number of cont federal political committ		78501	Amount of Each Receipt this Period
Name of Employer self-employee	Occup physic		contribution
Receipt For: Primary Other (specify) ▼	General	egate Year-to-Date ▼ 350.00	
Full Name (Last, First, C. Homero Rivas	Middle Initial)		Date of Receipt
Mailing Address 100 E.			M M / D D / Y Y Y Y 12 14 2012
City mcallen	Stat TX	e Zip Code 78501	Transaction ID : SA11AI.20327 Amount of Each Receipt this Period
FEC ID number of cont federal political committ	S. A.		250.00
Name of Employer	Occut	pation	
selfemployed	physic	cian	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 2980.92	
SUBTOTAL of Receipts	his Page (optional)		▶ 550.00

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 79 OF

102

		Detailed Summary Page		< 11a 13		11b 14	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using the				for the		pose o			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC								
Full Name (Last, First, Middle Initial) A. Benjamin Robalino Mailing Address 1217 S. Cynthia				Date o		D	D / Y	Y Y	Ŷ
City mcallen	State TX	Zip Code 78501					• : SA11AI . Receipt th		
FEC ID number of contributing federal political committee.	С					,	10001011		0.00
Name of Employer selfemployed Receipt For:	Occupation physcian			contribu	ition				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00							
Full Name (Last, First, Middle Initial) Mr. Martin Rocha Mailing Address P.O. Box 662				Date o	of Re	eceipt	D / Y	Y Y	Ý
City	State	Zip Code		12 Trans	sacti	1 ² on ID	1 : SA11AI.	2012 20329	
Santa Rosa FEC ID number of contributing federal political committee.	С	78593		Amoun	it of	Each	Receipt th		d 0.00
Name of Employer selfemployed Receipt For:	Occupation private inve	stor	(ontribu	tion				
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 559.85							
Full Name (Last, First, Middle Initial) C. Dr. Ofelia Rodriguez				Date o	f Re	eceipt			
Mailing Address 112 E. Xenops				^M 12		D 14	1	2012	Y
City McAllen	State TX	Zip Code 78504					: SA11AI Receipt th		d
FEC ID number of contributing federal political committee.	С			contribu	ution	,		5	0.00
Name of Employer selfemployed Receipt For:	Occupation physician								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00							
SUBTOTAL of Receipts This Page (optional)			▶ _			л. Л.	- 7	350	0.00

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

.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 80 OF

102

	EMIZED RECEIPTS		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$									
				erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA											
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Ruiz Mailing Address 2524 James			Date of Receipt								
	City Edinburg	State TX	Zip Code 78539	12 14 2012 Transaction ID : SA11AI.20333 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 350.00									
B.	Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor	lette Saca										
	City	State TX	Zip Code	12 14 2012 Transaction ID : SA11AI.20334								
	FEC ID number of contributing federal political committee.	C	78504	Amount of Each Receipt this Period								
	Name of Employer self-employed Receipt For:	Occupation private inve	stor	contribution								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00									
с.				Date of Receipt								
	Mailing Address 2308 Monaco Drive			12 14 / Y Y Y Y Y 12 14								
	City mission	State TX	Zip Code 78574	Transaction ID : SA11AI.20335 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		400.00 contribution								
	Name of Employer	Occupation										
	selfemployed	physician										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00									
5	SUBTOTAL of Receipts This Page (optional)		525.00								

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

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17								
Any information copied from such Reports or for commercial purposes, other than usi				or the	purpo	ose o	f soliciting	g contribu	utions								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER																	
A. JJ Saenz Mailing Address 2400 S.E. Augusta Squ	are			Date o		D D		2012	Y								
City mcallen	State TX	Zip Code 78503		12 14 2012 Transaction ID : SA11AI.20336 Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	C				. ,				0.00								
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00		ontribu	ition												
Full Name (Last, First, Middle Initial) B. Larry Safir				Date o	f Rec	eipt											
Mailing Address 3300 S. 2nd suite 10 City	suite 10						12 / 14 / 2012 Transaction ID : SA11AI.20337										
mcallen FEC ID number of contributing federal political committee.								Amount of Each Receipt this Period 400.00									
Name of Employer self-employed	f Employer Occupation								contribution								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4800.00]														
Full Name (Last, First, Middle Initial) C. Juan Salazar				Date o	f Rec	eipt											
Mailing Address 801 E Nolana Loop				12 14 2012													
City McAllen	State TX	Zip Code 78504					: SA11AI. Receipt th		k								
FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e							contribution									
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 3000.00		ontribu	lion												
SUBTOTAL of Receipts This Page (option	nal)							900	0.00								

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

102

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using			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 (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street			Date of Receipt						
City McAllen	State TX	Zip Code 78504	Transaction ID : SA11AI.20339 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		50.00						
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 350.00	<pre>contribution </pre>						
Full Name (Last, First, Middle Initial) B. Dr. Mariano Salinas Mailing Address 2203 Red River			Date of Receipt						
City	State TX	Zip Code 78572	12 142012						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer selfemployed	Occupation physician		contribution						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]						
Full Name (Last, First, Middle Initial) C. Elisa Garza Sanchez			Date of Receipt						
Mailing Address 3509 N. Glasscock City	State	Zip Code	12 14 2012 Transaction ID : SA11AI.20341						
Mission	TX	78574	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer	Occupation								
Self employed	physician								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]						
SUBTOTAL of Receipts This Page (optional))		275.00						

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

FOR LINE NUMBER:

(check only one)

PAGE 83 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b		12	<u> </u>				
Any information copied from such Reports or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-											
Full Name (Last, First, Middle Initial) A. Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing	State TX	Zip Code 78572	_	12 Trans	saction I							
FLC ID Humber of Contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	C Occupation physician Aggregate	Year-to-Date ▼ 700.00	c	ontribu	ition		100	0.00				
Full Name (Last, First, Middle Initial) B. Mr. Victor Sanchez Mailing Address P.O. Box 1868 City	State	Date of Receipt										
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX C Occupation private inves Aggregate	78503 stor Year-to-Date ▼			t of Eac	h Receipt t	his Period	1 D.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Ms Elena Santoy Mailing Address 416 N. 17th Street		3000.00]	Date o	f Receip		2012	Y				
City Donna FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation physician Aggregate	Zip Code 78537 Year-to-Date ▼ 350.00		Trans	t of Eac	ID : SA11AI	I.20344 his Period	i 0.00				
SUBTOTAL of Receipts This Page (option	nal)						400	0.00				

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

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 84 OF

102

TIEMIZED RECEIPTS	LED RECEIPTS for each category of the Detailed Summary Page								17								
Any information copied from such Reports ar or for commercial purposes, other than using							iting contrib	outions	17								
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA																	
Full Name (Last, First, Middle Initial) A. Dr. Manuel Seas Mailing Address 5714 N. 6th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State TX C Occupation physician			M M 12 Trans	action t of Ead	14 ID : SA11	2012 AI.20345 It this Perio]								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00]														
Full Name (Last, First, Middle Initial) B. Michael Seiba Mailing Address P. O. Box 4556 City	ael Seiba					Date of Receipt											
mcallen FEC ID number of contributing federal political committee.	С	78502	A				ot this Perio	od 50.00									
Name of Employer selfemployed Receipt For:	Occupation physician		co	ontribut	ion												
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	1														
C. Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell				Date of	f Receip	ot 14	2012	Ý									
City McAllen	State TX	Zip Code 78504	A	Trans		ID : SA11	IAI.20347										
FEC ID number of contributing federal political committee.	s a l								Amount of Each Receipt this Period								
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate	Year-to-Date ▼ 1200.00]	סחונוסט	lion												
SUBTOTAL of Receipts This Page (optional)						38	30.00	٦								

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 85 OF

102

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17							
	y information copied from such Reports ar for commercial purposes, other than using				for the		pose of	f soliciting	g contrib	outions							
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC															
Α.	Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive				Date o		eceipt	D / Y	Y Y	Y							
					12		14		2012	_							
	City	State TX	Zip Code					SA11AI									
	mcallen		78503	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С				,tion	,		40	00.00							
	Name of Employer	Occupation		C	ontribu	ition											
	selfemployed	physician															
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General		4800.00	11													
	Other (specify)		4000.00														
в.	ull Name (Last, First, Middle Initial) Dr. Herschel Siberman					of Re	eceipt										
	Mailing Address 609 Tulip							12 14 Y Y Y Y Y 12 14 2012									
	City	State	Zip Code		Trans	sacti	on ID :	SA11AI.	20349								
	McAllen	ТХ	78504		Amour	nt of	Each F	Receipt th	nis Perio	d							
	FEC ID number of contributing federal political committee.	С			50.00												
	Name of Employer	Occupation		c	ontribu	tion											
	selfemployed	physician															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]													
<u>с</u> .	Full Name (Last, First, Middle Initial) Dennis Slavin				Date c	of Re	eceipt										
	Mailing Address 1501 S. Oklahoma				12 14 2012												
	City	State	Zip Code		Tran	sact	ion ID :	: SA11AI	.20350								
	weslaco	ТХ	78596		Amour	nt of	Each F	Receipt th	nis Perio	d							
	FEC ID number of contributing federal political committee.	C	C					100.00									
	Name of Employer	Occupation			contribution												
	selfemployed	physician															
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify) ▼		750.00														
s	UBTOTAL of Receipts This Page (optional)		•			,		55	0.00							

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

102

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12		17
	y information copied from such Reports and S for commercial purposes, other than using the										s
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC									
Α.	Full Name (Last, First, Middle Initial) Hilda Solis Mailing Address P.O.Box 3302				Date c	_	D	D / Y	Y Y		
	City McAllen	State TX	Zip Code 78502	12 14 2012 Transaction ID : SA11AI.20351 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					7		;	25.00	
	Name of Employer Self employed Receipt For:	Occupation private inve		CI	ontribu	ition					
	Primary General Other (specify) ▼	Aggregale	300.00								
В.	Full Name (Last, First, Middle Initial) Joel Solis				Date of Receipt						
	Mailing Address 405 E. Avocet		12 14 2012 Transaction ID : SA11AI.20352								
	Mcallen	ТХ	Zip Code 78501		Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			150.00						
	Name of Employer self-employed	Occupation physician		co	ontribu	tion					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1583.31]							
	Full Name (Last, First, Middle Initial) Dr. Hector Soto				Date c	of Re	eceipt				
	Mailing Address 101 South Greenbriar						12 14 2012				
	City McAllen	State TX	Zip Code 78502	Transaction ID : SA11AI.20353 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		400.00							
	Name of Employer	Occupation			contribution						
	self-employee Receipt For: Primary General Other (specify) ▼										
s	JBTOTAL of Receipts This Page (optional)								57	75.00	

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

FOR LINE NUMBER:

(check only one)

PAGE 87 OF

102

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12						
Any information copied from such Reports or for commercial purposes, other than us							f solicitin							
NAME OF COMMITTEE (In Full)	AL PAC													
Full Name (Last, First, Middle Initial) Dr. Nelson Spinetti Mailing Address 2707 Cornerstone Blvd			_		of Red									
City	State	Zip Code	_ L	M N 12		14		2012						
Edinburg	ТХ	78539				-	Receipt t		od					
FEC ID number of contributing federal political committee.	С					,	7		20.00					
Name of Employer selfemployed	Occupation	ee physician	COI	ntribu	ition									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00]											
Full Name (Last, First, Middle Initial) Mr. Raul Sustaita					Date of Receipt									
Mailing Address 1602 Scobey					12 14 2012									
City Donna	State TX	Zip Code 78537		Transaction ID : SA11AI.20355 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			25.00										
Name of Employer selfemployed	Occupation private inves	stor	cor	- contribution										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]											
Full Name (Last, First, Middle Initial) C. Dr. Jyothi Swarup	I		D	ate o	of Red	ceipt								
Mailing Address 8109 N. 1st Street	12 14 2012													
City McAllen	State TX	Zip Code 78504					: SA11A Receipt t		od					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer	Occupation		CO	ntribu	ution									
selfemployed Receipt For:	physician Aggregate	Year-to-Date ▼												

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use s for ea Detail
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	

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

FOR LINE NUMBER:

(check only one)

PAGE 88 OF

102

	EMIZED RECEIPTS		Detailed Summary Page		X 11a		11k	b	11c		12						
_					13		14		15		16	17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any poddress of any political committee	erson e to s	for the olicit co	pur ntrik	rpose outio	e of s ons fro	solicitin om suc	g co h co	ntribut mmitt	tions ee.					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC															
Α.	Full Name (Last, First, Middle Initial) Dr. Wilson Sy				Date o	f Re	eceip	pt									
	Mailing Address 6724 N.Cynthia				м м 12	/	D	14	/ Y		012	Y					
	City	State	Zip Code		Trans	sact	tion	ID : S	A11AI	.203	57						
	McAllen	TX	78504	_	Amoun	t of	Eac	ch Re	ceipt tl	his P	'eriod						
	FEC ID number of contributing federal political committee.	С					,		- 7		50	.00					
	Name of Employer	Occupation	1		contribu	ition	Ì										
	selfemployed	physician															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General	00 0		u Li													
	Other (specify)		350.00														
В.	Full Name (Last, First, Middle Initial) Alejandro Tey				Date o	f Re	eceip	pt									
	Mailing Address 3012 Laurie Lane					12 14 2012											
	City	State	Zip Code		Trans	sact	ion l	ID : S	A11AI	.203	59						
	Edinburg	ТХ	78539		Amoun	t of	Eac	ch Re	ceipt t	his P	'eriod						
	FEC ID number of contributing federal political committee.	-									250.00						
	Name of Employer	Occupation	1		contribu	tion											
	Self employed	physician															
	Receipt For: Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼															
<u>с</u> .	Full Name (Last, First, Middle Initial) Jose Trejo				Date o	f Re	eceip	pt									
	Mailing Address 112 S. Broadway						D	14	/ Y) 12	Y					
	City	State	Zip Code		Trans	sact	tion	ID : S	SA11AI	.203	62						
	mcallen	ТХ	78501		Amoun	t of	Eac	ch Re	ceipt t	his P	'eriod						
	FEC ID number of contributing federal political committee.				7		- 7		250	.00							
	Name of Employer	Occupation	I														
	self-employed	private inve	stor														
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	1													
Г		L	7				_			_	_						
s	UBTOTAL of Receipts This Page (optional)			•	<u></u>		7			_	550.	00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 89 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12						
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purp									
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	-													
Full Name (Last, First, Middle Initial) A. Dr. Krishna Turlapati Mailing Address 9123 1st Street				Date o		ceipt 14		2012	Ŷ					
City	State	Zip Code			sactio		: SA11AI							
McAllen FEC ID number of contributing federal political committee.	С	78504	/	Amoun	it of E	Each F	Receipt th		d 0.00					
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate	Year-to-Date ▼ 1200.00	co	ontribu	ition									
Full Name (Last, First, Middle Initial) B. Susan Turley Mailing Address 312 Thunderbird				Date o										
								12 14 2012						
City mcallen	State TX	Zip Code 78504	-				: SA11AI. Receipt th		d					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer self-employed	Occupation physician		cc											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2961.95]											
Full Name (Last, First, Middle Initial) C. Marcel Twahirwa	I			Date o	of Rec	ceipt								
Mailing Address 2403 El Encino Drive							12 14 2012							
City mission	State TX	Zip Code 78572					: SA11AI Receipt th		d					
FEC ID number of contributing federal political committee.	5													
Name of Employer	Occupation		C	ontribu	ltion									
selfemployed	physician													
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date V													
SUBTOTAL of Receipts This Page (option	al)	······						60(0.00					

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
	nd Statements may not be sold or used by any g the name and address of any political committ	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Lourdes Uribe		Date of Receipt
Mailing Address 801 E. Nolana		12 14 2012
City	State Zip Code	Transaction ID : SA11AI.20367
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		

A. Lourdes Unities Date of Receipt City State Zip Code City TX 78604 FEC 10 number of contributing C State Gerard political committee. C State Primary General Occupation Primary General Aggregate Year-to-Date ▼ Point Network State Zip Code Theresa Valiadares Date of Receipt Mailing Address 2302 Red River Drive TX 78572 FEC 10 number of contributing tederal political committee. C Transaction ID: SA11AL20387 Mailing Address 2302 Red River Drive TX 78572 FEC 10 number of contributing tederal political committee. C 100.00 Name of Employer Occupation physician Receipt For: Aggregate Year-to-Date ▼ 100.00 Primary General 0ther (specify) ▼ 120.00 C. Jose Vasquez Date of Receipt 12 Mailing Address 2648 Pain Circle TX 78582 Transaction ID: SA11AL20285 Mailing Address 2648 Pain Circle C 12 14	V			
Mailing Address 801 E. Nolana City State Zip Code City TX 78504 McAllen TX 78504 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Receipt For: Occupation physician General 50.00 Primary General Occupation physician Date of Receipt B. Dr. Theresa Valladares Date of Receipt this Period 12 14 2012 Mailing Address 2302 Red River Drive TX 78572 Receipt For 100.00 Receipt For: Occupation physician Occupation physician Tansaction ID : SA11AL20388 Amount of Each Receipt this Period Receipt For: Occupation physician Occupation physician Date of Receipt 100.00 Receipt For: Occupation physician Aggregate Year-to-Date ▼ 12 14 2012 Receipt For: Occupation physician Aggregate Year-to-Date ▼ Tansaction ID : SA11AL20325 Amount of Each Receipt this Period City State Zip Code TX 78562 Tansaction ID : SA11AL20326 Maling Address Sy48 Paim Circ	Α.			Date of Receipt
City State Zip Code Transaction ID : SA11AL20367 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C So 00 Name of Employer Occupation Physician So 00 Receipt For: Other (specify) ♥ Aggregate Year-to-Date ♥ Other of Receipt B. Dr. Theresa Valladares Date of Receipt 14 2012 City State Zip Code Transaction ID : SA11AL20387 Maling Address 2302 Red River Drive 12 14 2012 City State Zip Code Transaction ID : SA11AL20388 Amount of Each Receipt Ibis Period 12 14 2012 City State Zip Code 100.00 Contribution Receipt For: Occupation Physician 100.00 Contribution Receipt For: Orgonate Aggregate Year-to-Date ♥ 12 14 2012 Maling Address 2548 Pam Circle Transaction ID : SA11AL20225 Transaction ID : SA11AL20225 Transaction ID : SA11AL20225 Maling Address 2548 Pam Circle Tasaction ID : SA11AL20225		Mailing Address 801 E. Nolana		M = M / D = D / Y = Y = Y
McAllen TX 78504 FEC ID number of contributing federal political committee. C 50.00 Name of Employer Occupation physician Solution Self employed Receipt For: Phrany Other (specify) ↓ Aggregate Year-to-Date ↓ Contribution B. Dr. Theresa Valiadares Aggregate Year-to-Date ↓ Date of Receipt Mailing Address 2302 Red River Drive TX 78572 Masion TX 78572 FEC ID number of contributing federal political committee. C 14 2012 Name of Employer Occupation physician TX 78572 FEC ID number of contributing federal political committee. C 100.00 Name of Employer selemployed Occupation physician TX 78572 Fuel Name (Last, First, Middle Initial) C Jose VaSquez Date of Receipt Mailing Address 2548 Paim Circle TX 78582 Transaction ID : SA11AL2025 Mailing Address 2548 Paim Circle C 14 2012 Transaction ID : SA11AL2025 Mailing Address 2648 Paim Circle C 14 2012 Transaction ID : SA11AL2025 Mailing Address 2648 Paim Circle <td></td> <td>City</td> <td>State Zip Code</td> <td>International International International International</td>		City	State Zip Code	International International International International
FEC. ID number of contributing federal political committee. 0 50.00 Name of Employer Occupation physioian 0 contribution Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 0 0 B. Dr. Theresa Valladares Date of Receipt 12 14 2012 Transaction ID : SATIAL20358 Amount of Each Receipt His Period 100.00 0 FEC ID number of contributing federal political committee. Occupation physician 100.00 0 Receipt For: 		-		
Name of Employed Physician Beceipt For: Aggregate Year-to-Date ▼ B. Dr. Theresa Valladares Date of Receipt Mailing Address 2302 Red River Drive 12 City State Zip Code FEC ID number of contributing C 100.00 Feelipt For: Occupation 100.00 Name (Last, First, Middle Initial) C 100.00 Name of Employer Occupation 100.00 Receipt For: General 120.00 100.00 Name of Employer Occupation 120.00 cntribution Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 0 0 Other (specify) ▼ 1200.00 1200.00 0 0 Full Name (Last, First, Middle Initial) C Jaste Zip Code 12 14 2012 Transaction ID: SA11AL20225 Amount of Each Receipt His Period 12 14 2012 14 2012 City State Zip Code Tx 78582 Receipt His Period 12 14 2012 14 2012 14 2012 14		8	С	
Receipt For: Aggregate Year-to-Date ▼ B. Dr. Theresa Valladares Date of Receipt Mailing Address 2302 Red River Drive 14 City State Zip Code TX 78572 FeC ID number of contributing federal policial committee. 0 Name of Employer selfemployed Occupation physician 100.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 0 Other (specify) ▼ 0 0 0 Receipt For: General 120,00 0 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 0 0 C. JOSe VaSquez Date of Receipt 0 0 0 Mailing Address 2548 Palm Circle Tx 78582 78582 7 FEC ID number of contributing federal political committee. C 14 2012 14 2012 Name of Employer selfemployed C 0 0 0 0 0 0 FEC ID number of contributing federal political committee. C 0 250.00 0 0 0 0 0 0 0		Name of Employer	Occupation	contribution
Primary General Other (specify) 350.00 B. Dr. Theresa Valladares Date of Receipt Mailing Address 2302 Red River Drive 12 City State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. Occupation physician Aggregate Year-to-Date ▼ Receipt For: Occupation physician Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Cortribution Full Name (Last, First, Middle Initial) Occupation Cortribution C. Jose Vasquez Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 2548 Paim Circle TX 78582 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ City State Zip Code Transaction ID : SA11AL20225 Amount of Each Receipt for: Aggregate Year-to-Date ▼ 250.00 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician 250.00 contribution SuBtrotAL of Receipts This Page (optional) Aggregate Yea		Self employed	physician	
B. Dr. Theresa Valladares Date of Receipt Mailing Address 2302 Red River Drive TX City State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. C Image: Contribution of the second of t		Primary General	350.00	
Mailing Address 2302 Red River Drive 14 2012 City State Zip Code Mission TX 78572 FEC ID number of contributing federal political committee. C Transaction ID: SA11AL20368 Name of Employer selfemployed Occupation physician 100.00 Receipt For: Other (specify) ▼ Cocupation FUI Name (Last, First, Middle Initial) 1200.00 Cottribution City State Zip Code 12 Mailing Address 2548 Palm Circle TX 78582 Amount of Each Receipt this Period City State Zip Code 12 14 2012 Mailing Address 2548 Palm Circle TX 78582 Amount of Each Receipt this Period 250.00 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ 0 250.00 Name of Employed physician Aggregate Year-to-Date ▼ 250.00 contribution FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ 400.00 SUBTOTAL of Receipts This Page (optional) Aggregate Year-to-Date ▼ 400.00 400.00 <td>— B.</td> <td></td> <td></td> <td>Date of Receipt</td>	— B.			Date of Receipt
City State Zip Code Transaction ID : SA11AL20368 Mission TX 78572 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation 100.00 Name of Employed physician contribution Peceipt For: Occupation 1200.00 contribution Primary General 1200.00 contribution contribution Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt 2012 Transaction ID : SA11AL20225 Mailing Address 2548 Palm Circle C Jose Vasquez Date of Receipt 2012 2012 2012 120 120 120 120 120 120 120 120 120 120 120 120 120 120 12 14 2012 12 14 2012 120 12 14 2012 120 120 12 12 12 12 14 2012 12 12 14 2012 12 12 14 2012 12 12 14 2012 12 16				M = M / D = D / Y = Y = Y
Mission TX 78572 FEC ID number of contributing federal political committee. C 100.00 Name of Employer selfemployed Occupation physician 100.00 Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ 0 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt City rio grande city State Zip Code TX 78582 FEC ID number of contributing federal political committee. C Jose Vasquez Name of Employer selfemployed Occupation physician Date of Receipt Receipt For: Other (specify) ▼ C Jose Vasquez Mailing Address 2548 Palm Circle C Jose Vasquez Name of Employer selfemployed Occupation physician Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00 Agout SUBTOTAL of Receipts This Page (optional) 400.00 Image: Substance		City	State Zip Code	
FEC ID number of contributing federal political committee. C 100.00 Name of Employer selfemployed Occupation physician C contribution Receipt For: City General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 2548 Palm Circle TX 78582 Transaction ID : SA11AL20225 Amount of Employer selfemployed Occupation physician Date of Receipt FEC ID number of contributing federal political committee. C C Name of Employer Selfemployed Occupation physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation physician C SUBTOTAL of Receipts This Page (optional)		Mission	TX 78572	
selfemployed physician Receipt For:		8	C	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Jose Vasquez Date of Receipt Mailing Address 2548 Palm Circle 1200.00 City State Zip Code rio grande city TX 78582 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer Occupation physician Aggregate Year-to-Date ▼ Receipt For: Aggregate Year-to-Date ▼ Contribution Primary General 3000.00 Contribution SUBTOTAL of Receipts This Page (optional)		Name of Employer	Occupation	contribution
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1200.00 Full Name (Last, First, Middle Initial) Date of Receipt C. Jose Vasquez Date of Receipt Mailing Address 2548 Palm Circle 12 City State Zip Code rio grande city TX 78582 FEC ID number of contributing C 250.00 federal political committee. Occupation Name of Employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3000.00		selfemployed	physician	
C. Jose Vasquez Date of Receipt Mailing Address 2548 Palm Circle 12 City State Zip Code rio grande city TX 78582 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employed Occupation physician Receipt For: Aggregate Year-to-Date ▼ SubtrotAL of Receipts This Page (optional)		Primary General		
City State Zip Code Transaction ID : SA11AL.20225 rio grande city TX 78582 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician Receipt For: Aggregate Year-to-Date ▼ Contribution Primary General 3000.00 400.00 SUBTOTAL of Receipts This Page (optional)	с.			Date of Receipt
rio grande city TX 78582 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Occupation physician C contribution Receipt For: Aggregate Year-to-Date ▼ C contribution Primary General 3000.00 400.00 SUBTOTAL of Receipts This Page (optional). 400.00 400.00		Mailing Address 2548 Palm Circle		
FEC ID number of contributing federal political committee. C 250.00 Name of Employer selfemployed Occupation physician C contribution Receipt For: Aggregate Year-to-Date ▼ Contribution contribution SUBTOTAL of Receipts This Page (optional)		City		Transaction ID : SA11AI.20225
federal political committee. 0 230.00 Name of Employer Occupation ontribution selfemployed physician contribution Receipt For: Aggregate Year-to-Date ▼ 0 Primary General 3000.00 SUBTOTAL of Receipts This Page (optional)		rio grande city	TX 78582	Amount of Each Receipt this Period
Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3000.00			C	250.00
selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)		Name of Employer	Occupation	contribution
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)				
Primary General Other (specify) ▼ 3000.00 SUBTOTAL of Receipts This Page (optional)				1
SUBTOTAL of Receipts This Page (optional)		Primary General		
		Other (specify)	3000.00	
	S	UBTOTAL of Receipts This Page (optional)	<u></u>	400.00
	⊢			

102

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

102

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12													
Any information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632 City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	and Statements			13		14	15	16		17											
	RAL PAC																				
A. Dr. Efraim Vela			[Date o	f Re	ceipt															
	State	Zip Code	12 14 2012 Transaction ID : SA11AI.20372																		
	TX	78503					: SA11AI. Receipt th		bd												
	С					7		25	50.0)0											
selfemployed	Occupation physician		C(ontribu	tion																
Primary General	Aggregate]																			
B. Ramiro Verdoreen		Date o	f Re	ceipt																	
Mailing Address 301 E. Newport	Mailing Address 301 E. Newport						D / Y	2012	Y												
	State	Zip Code					SA11AI.	20375													
	ТХ	78501	/	Amoun	t of	Each F	Receipt th	is Peric	bd												
federal political committee.	C		40																		
selfemployed	Occupation physician			ontribut	lion																
Primary General	Aggregate	Year-to-Date ▼ 4800.00]																		
Full Name (Last, First, Middle Initial) C. Carlos Villalta	I			Date o	f Re	ceipt															
Mailing Address P. O. Box 1632				м м 12	/	D 14		2012		Y											
-	State TX	Zip Code 78573					: SA11AI . Receipt th		bd	_											
•	ů l								125.00												
Name of Employer	Occupation		C	ontribu	luon																
	physician																				
	Aggregate	Year-to-Date ▼																			
		1500.00]																		
SUBTOTAL of Receipts This Page (optic	nal)							77	75.0	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 92 OF

102

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC									
✓ Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana Suite 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78504 Year-to-Date ▼ 1087.11	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20378 Amount of Each Receipt this Period 50.00 contribution							
Full Name (Last, First, Middle Initial) B. Victor Villarreal Mailing Address 901 W. Moore City	State	Zip Code	Date of Receipt							
pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	pharr TX 78577 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation physician Receipt For: Aggregate Year-to-Date ▼ Primary General									
Full Name (Last, First, Middle Initial) C. Roger Vitko Mailing Address 1017 south 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State TX C Occupation physician Aggregate	Zip Code 78502 Year-to-Date ▼ 1800.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20380 Amount of Each Receipt this Period 150.00 contribution							
SUBTOTAL of Receipts This Page (optional)			290.00							

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

FOR LINE NUMBER:

(check only one)

PAGE 93 OF

102

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$											
	I orts and Statements may not be sold or used by any using the name and address of any political commi	y person for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) BORDER HEALTH FED													
Full Name (Last, First, Middle Initial A. Raymond Walker Mailing Address 1117 Shallow	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 3000.00	Date of Receipt Date of Receipt 12 14 2012 Transaction ID : SA11AI.20381 Amount of Each Receipt this Period 250.00 contribution											
Full Name (Last, First, Middle Initial B. James Webb Mailing Address 312 Redbud City mcallen EEC ID number of contributing	State Zip Code TX 78504	Date of Receipt											
federal political committee. Name of Employer self-employed Receipt For:	Name of Employer self-employed Occupation private investor Receipt For: Aggregate Year-to-Date ▼ Primary General												
Full Name (Last, First, Middle Initial C. Patrick Wilcox Mailing Address 111 Rio Grande City mission FEC ID number of contributing federal political committee	State Zip Code TX 78572	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20383 Amount of Each Receipt this Period 100.00											
federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution											

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 94 OF

102

TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		13 14 15 16 17 / person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Subbarrao Yarra Mailing Address 6905 N. City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 3800.00 3800.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date √ 3000.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20387 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State TX Zip Code 78504 C Occupation physician Aggregate Year-to-Date ▼ 4800.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.20388 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	1	1050.00

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

7 7 7 7

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 95 OF

102

TEMIZED RECEIPTS		Detailed Summary Page		< 11a		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mathematic here and a	l ay not be sold or used by any p ddress of any political committed	erson e to s	13 for the plicit co	pur	14 pose o putions	15 of soliciting from suc	g contribu h commi	utions ttee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC								
Full Name (Last, First, Middle Initial) A. Dr. Livania Zavala-Spinetti Mailing Address 109 E Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)		Zip Code 78502 ee physician Year-to-Date ▼ 300.00			sact	14		nis Period	_
Full Name (Last, First, Middle Initial) B. Dr. Fuad Zayed Mailing Address 1425 Sweet Lane			_	Date o	of Re	eceipt		2012	Y
City	State	Zip Code		Tran		ion ID :	: SA11AI.	20390	
Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General Other (specify) ▼	TX C Occupation physician Aggregate	78539 Year-to-Date ▼ 900.00	,	contribu		Each I	Receipt th		d 5.00
Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt			
Mailing Address	State	Zip Code		M		D	D / Y	Y Y	Ŷ
FEC ID number of contributing federal political committee. Name of Employer Receipt For:		Year-to-Date V	1	Amour	nt of	Each	Receipt th	nis Period	
SUBTOTAL of Receipts This Page (optional).		······································			-	7		10(0.00

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

.

5

41172.50

S	CHEDULE B (FEC Form 3X)		F NUMBER PAGE 96 OF 102														
	EMIZED DISBURSEMENTS	Use separate schedule(s)			LINE NUMBER: PAGE 96 OF 10 k only one)												
••		for each category of the Detailed Summary Page		X		-	22		23	[24		25	26			
_		Detailed Summary Fuge			27		28a		28b		280	;	29	30b			
	ny information copied from such Reports and Stater																
or	for commercial purposes, other than using the nan	ne and address of any polition	cal cor	nmit	tee	to se	olicit cor	ntrik	oution	S	trom su	ich co	ommit	tee.			
$\left \right\rangle$		`															
	BORDER HEALTH FEDERAL PAG	,															
Δ	Full Name (Last, First, Middle Initial)		Date of Disbursement														
	Ms Eliza Alvardo											V	N				
	Mailing Address 1303 W. Kiwi #4		12 03 2012														
	City	State Zip Code				+	_										
	Pharr	TX 78577					Trans	act	ion IE):	SB21E	3.2040	05				
	Purpose of Disbursement contract services - salary expenditure									_							
	Candidate Name			001			Amount	t of	Each	۱Ľ	Disburs	ement	t this	Period			
				egor ype	ry/		Ľ		,	_	7		532	0.79			
	Office Sought: House Disburser																
	Senate President	Primary General Other (specify)															
	State: District:																
_	Full Name (Last, First, Middle Initial)																
В.							Date of	f Di	sburs	en	nent						
							M M / D D / Y Y Y Y										
	Mailing Address 1303 W. Kiwi #4	State Zip Code					12 17 2012 Transaction ID : SB21B.20408										
	5																
	Pharr Purpose of Disbursement	TX 78577															
	contract services - salary expenditure			001			Amount	t this	Period								
	Candidate Name		Category/														
				egor ype	y/		L.		7			_	532	0.79			
	Office Sought: House Disburser	nent For:															
	Senate	Primary General															
	President	Other (specify)															
_	State: District:					_											
c	Full Name (Last, First, Middle Initial)						Date of	f Di	ehure	٥n	nont						
0.	Ms Eliza Alvardo								D								
	Mailing Address 1303 W. Kiwi #4					-	м м 12			31			012	Y			
	.																
	,	State Zip Code					Trans	act	ion II) :	SB21	3.2040	09				
	Pharr Purpose of Disbursement	TX 78577				_					-						
	contract services - salary expenditure			001			A	4):-		46:0	Devied			
	Candidate Name						Amount	t of	Each	I L	JISDUIS	ement	t this	Period			
				egor ype	ry/			_	_	_		_	5320	0.80			
	Office Sought: House Disburser	nent For:		-		1			7		- ,						
	Senate	Primary General															
	President	Other (specify)															
_	State: District:																
										1			15962	38			
L	CUBTOTAL of Disbursements This Page (optional)								7		7						
-	OTAL This Period (last page this line number only)								_				1	· ·]			
1.1	e This i shou (lust page this into humber ofly)			•••••	- P		la de la companya de	1.0				_	1.1				

S	CHEDULE B (FEC Form 3X)			0.5						PACE	07	OF 102			
	EMIZED DISBURSEMENTS	Use separate schedule(s)		-		INE NUMBER: PAGE 97 OF only one)									
• •		for each category of the Detailed Summary Page			21b	22	2	23	\square	24	25	26			
					27	28	a	28b		28c	29	30			
	y information copied from such Reports and Stater														
or	for commercial purposes, other than using the nar	ne and address of any politi	ical co	mmit	tee to	solicit	contr	ibution	s fror	n such	commi	ttee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	<u> </u>													
/	BORDER HEALTH FEDERAL PAG														
<u> </u>	Full Name (Last, First, Middle Initial)														
Α.	Ms Sandra Escamilla					Date	e of E)isburs	emer	ıt					
	Matter Address and O														
	Mailing Address 1418 Quince			12 04 2012											
	City	State Zip Code													
	McAllen	TX 78504				Tra	ansad	tion IL) : SE	321B.20	406				
	Purpose of Disbursement contract services - salary expenditure			004		•		(=				Devia			
	Candidate Name			001		Amo	unt o	u ⊨ach	UISC	ourseme	nt this	Period			
				tegor Type	у/						59	7.32			
	Office Sought: House Disburser	ment For:		740											
	Senate	Primary General													
	President	Other (specify)													
	State: District:														
D	Full Name (Last, First, Middle Initial)					Det	of F	Vielevre							
В.	Ms Sandra Escamilla						e of Disbursement								
	Mailing Address 1418 Quince						^M 2		28		y y 2012	Y			
	,	State Zip Code		Transaction ID : SB21B.20410											
	McAllen Purpose of Disbursement	TX 78504		-											
	contract services - salary expenditure			001		Amount of Each Disbursement this Perio									
	Candidate Name		Cat	egor	2/										
				Гуре	y/			7		7	87	5.32			
		ment For:													
	Senate	Primary General													
	State: District:	Other (specify)													
_	Full Name (Last, First, Middle Initial)														
С.	Internal Revenue Services					Date	e of E	isburs	emer	ıt					
						M	M	/ D	D	/ Y	Y Y	Y			
	Mailing Address 324 25th Street					1	2	(03		2012	_			
	City	State Zip Code													
	Odgen	UT 84401				Tr	ansad	tion II) : Se	321B.20	404				
	Purpose of Disbursement			-											
	quarterly tax deposits - IRS			001		Amo	unt c	f Each	n Disk	ourseme	nt this	Period			
	Candidate Name			egor	·y/						625	3.19			
	Office Sought: House Disburser	ment For:		Гуре				7	_	7					
	Senate	Primary General													
	President	Other (specify)													
	State: District:														
Γ											-				
s	UBTOTAL of Disbursements This Page (optional)						_	7	_		772	5.83			
Γſ	OTAL This Period (last page this line number only))	•••••					7		- 7					

S	CHEDULE B (FEC Form 3X)			F)B			NUMBER: PAGE 98 OF 102											
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) (check					nly o	one)				_							
		Detailed Sum			×	21	L		22 28a		23 28b		24	_	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nam					/ pe	ersor	ו ו for	r the		pose		soliciti	ng co	ontribu	tions			
\square	NAME OF COMMITTEE (In Full)	_																	
		C																	
Α.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso							Da	ate of	f Di	sburs	em	nent						
	Mailing Address 213 Quail Court								11 30 2012										
	City Statement Stat	State Zip Code TX 78502							Transaction ID : SB21B.20403										
	Purpose of Disbursement	10	302	_	-	_													
	contract services - salary expenditure			0	01			An	noun	t of	Each	D	isburse	ement	t this	Period			
	Candidate Name			Cate Ty	egor /pe						7	2			139	5.62			
	Senate	nent For: Primary Other (specify)	General																
	State: District:																		
_	Full Name (Last, First, Middle Initial)																		
В.	Ms Prisylla Jasso								Date of Disbursement										
	Mailing Address 213 Quail Court	State Zip Code TX 78502						12 14 2012 Transaction ID : SB21B.20407											
	McAllen																		
	Purpose of Disbursement contract services - salary expenditure			0	01			Amount of Each Disbursement this Period											
	Candidate Name			Cate Ty	egor /pe			1377.31											
	Senate	nent For: Primary	General																
	State: District:	Other (specify)	•																
C.	Full Name (Last, First, Middle Initial) Long Chilton LLP							_		f Di	sburs								
	Mailing Address 4100 N. 23rd							N	12	/	D (03	/		012	Y			
	City McAllen		Code 504					٦	Frans	sact	ion IE):	SB21E	3.2039	97				
	Purpose of Disbursement paysmart payroll services																		
	Candidate Name			Cate	01 egor /pe			Amount of Each Disbursement this Perio 33.56											
	Senate President	nent For: Primary Other (specify)	General ▼		/						3		7						
_	State: District:																		
s	UBTOTAL of Disbursements This Page (optional)						-		_	-	,		- 7	_	2806	5.49			
т	OTAL This Period (last page this line number only)										7		7						

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 99 OF 102							
	EMIZED DISBURSEMENTS	Use separate schedule(s)	-		E NUMBE					01 102
		for each category of the Detailed Summary Page		X 21			23	24	25	26
				27	288	a 🗌	28b	28c	29	30b
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may not be sold or used ne and address of any political	d by ai comn	ny pe nittee	erson for th to solicit o	e pu contri	rpose (butions	of solicitin from suc	ig contrib	utions ittee.
\setminus	NAME OF COMMITTEE (In Full)									
	BORDER HEALTH FEDERAL PAC	2								
	Full Name (Last, First, Middle Initial)									
А.	Long Chilton LLP				Date of Disbursement					
	Mailing Address 4100 N. 23rd				12	12 19 2012				
	City S McAllen	State Zip Code TX 78504			Tra	nsac	tion ID	: SB21B	.20398	
	Purpose of Disbursement		_	_						
	paysmart payroll services		00	1	Amou	unt of	Each	Disburse	ment this	Period
	Candidate Name		Categ Typ				,			19.80
	Office Sought: House Disburser									
		Primary General Other (specify)								
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.						Date of Disbursement				
	Mailing Address			M	M = M / D = D / Y = Y = Y					
	City	State Zip Code								
	Purpose of Disbursement	1	-			unt of	Each	Disburse	mont this	Pariod
	Candidate Name	I	a .		Anio		Each	Disbuise		Fellou
			Categ Typ				7	7		
	Office Sought: House Disbursen	nent For:			_					
		Primary General								
	State: District:	Other (specify)								
	Full Name (Last, First, Middle Initial)									
C.	Mailing Address					of D	isburse	ement		
						M M / D D / Y Y Y Y				
	City State Zip Code									
	Purpose of Disbursement									
	On didata Nama				Amou	Amount of Each Disbursement this Period			Period	
	Candidate Name		Categ Typ							
	Office Sought: House Disburser									
		Primary General Other (specify)								
	State: District:									
	1					-	-			
s	UBTOTAL of Disbursements This Page (optional)			►			7		4	9.80
_	OTAL This Pariod (last page this line number and)								2654	4.50
["	OTAL This Period (last page this line number only)			•••• •			7			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 100 OF 10						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only						
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)	_							
	AC							
Full Name (Last, First, Middle Initial) RAMIRO JR GARZA			Date of Disbursement					
~ RAMIRO JR GARZA								
Mailing Address P.O. BOX 763	12 21 2012							
City PORT ISABEL	State Zip Code TX 78578		Transaction ID : SB23.20402					
Purpose of Disbursement contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
RAMIRO JR GARZA		Туре	2300.00					
Office Sought: X House Disburs Senate President	eement For: 2012 Primary X General Other (specify) ▼							
State: TX District: 34								
Full Name (Last, First, Middle Initial) B.			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address								
City	State Zip Code							
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disburg Senate President	eement For: Primary General Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
Mailing Address								
City								
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type						
Office Sought: House Disburs	sement For: Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional)	••••••	2500.00					
TOTAL This Period (last page this line number or	ly)	····· ►	2500.00					

Image# 13962848099					
SCHEDULE D (FEC Form 3X)		(Lleo concrete	PAGE 101 OF 102		
DEBTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:			
Excluding Loans	for each	(check only one) 9			
-		numbered line)	X 10		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC					
A. Full Name (Last, First, Middle Initial) of Debt	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				
AC Rentals		rental spa	ace		
Mailing Address PO Box 2673					
City State	Zip Code				
McAllen	TX 78502				
Outstanding Balance Beginning This Period		Transac	tion ID : SD10.9553		
900.00					
· · · · · · · · · · · · · · · · · · ·					
Amount Incurred This Period	Payment This Peric	od Outstand	ding Balance at Close of This Period		
0.00		0.00	900.00		
			7 7		
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of rental spa	Debt (Purpose):		
AC Rentals		lental spa			
Mailing Address PO Box 2673					
City State	Zip Code				
McAllen	TX 78502				
Outstanding Balance Beginning This Period		Transa	ction ID : SD10.10053		
900.00					
Amount Incurred This Period	Payment This Perio	od Outstand	ding Balance at Close of This Period		
0.00		0.00	900.00		
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of	Debt (Purpose):		
Mailing Address					
City	State Zip Code				
City					
Outstanding Delense Deginning This Deviad					
Outstanding Balance Beginning This Period					
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
Amount Incurred This Period	Payment This Period	od Outstand	ding Balance at Close of This Period		
			· · · · · · · · · · · · · · · · · · ·		
	7 7				
1) SUBTOTALS This Period This Page (optional)		······ •	1800.00		
 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number) 			1800.00		
2) TOTALS This Period (last page this line numbe	r only)	······ ·			
	r only)	······ ·	1800.00		

:97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ 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.