



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

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

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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).....	0.00	0.00
(d) Total Contributions (add Lines 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
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42057.50	484157.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42057.50	484157.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	26544.50	273990.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	26544.50	273990.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	346164.39
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29044.50	670154.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29044.50	670154.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

note; the contribution of \$2,500 payable to U.S. representative candidate 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. Ziad Abdeen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 809-A Savannah #3

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20081**

Amount of Each Receipt this Period  

125.00
--------

contribution

**B. Mr. Riad Aboujamous**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1217 Fullerton

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20082**

Amount of Each Receipt this Period  

25.00
-------

contribution

**C. Charity Abreu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1619 heritage lane

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

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20083**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ricardo Abreu**  
Full Name (Last, First, Middle Initial)

Mailing Address 200  
E. Xenops

City McAllen State TX Zip Code 78504

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

Name of Employer Self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20084**

Amount of Each Receipt this Period  
150.00  
contribution

**B. Ruben Abreu**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20085**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Juan Aguilera**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20086**

Amount of Each Receipt this Period  
250.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1609 Martin

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **263.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20088**

Amount of Each Receipt this Period  
 25.00  
 contribution

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

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20089**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Ms Alex Ambriz**

Mailing Address 15253 Heather

City Harlingen State TX Zip Code 78552

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20090**

Amount of Each Receipt this Period  
 25.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

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

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

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

FOR LINE NUMBER: PAGE 10 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20091**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Jumar B. Apolinario**

Mailing Address 2805 Santa Erica

City State Zip Code  
Mission TX 78572

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

Name of Employer Occupation  
selfemployed physcain

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20092**

Amount of Each Receipt this Period  
 100.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Edwardo Aquino**

Mailing Address 112 E. Xenops

City State Zip Code  
Mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20093**

Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7004  
N. Cynthia

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20094**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Daisy Arce**  
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20095**

Amount of Each Receipt this Period  
50.00  
contribution

**C. Dr. Rodrigo Argenal**  
Full Name (Last, First, Middle Initial)

Mailing Address 7512 N. Cynthia Street

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20096**

Amount of Each Receipt this Period  
20.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 320.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Pedro Arrazola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5114 N. 10th Street  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20097**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**B. Dr. Danilo Asase**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5216 Kensington Lane  
 City State Zip Code  
 Brownsville TX 78526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20098**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20099**  
 Amount of Each Receipt this Period  
 75.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Felipe Avila**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20101**  
 Amount of Each Receipt this Period 250.00  
 contribution

**B. Dr. Wilfredo Aviles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 Wildwood  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20102**  
 Amount of Each Receipt this Period 50.00  
 contribution

**C. Dr. Roberto A, Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 S. Jackson #7  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20103**  
 Amount of Each Receipt this Period 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Murphy Badiga**

Mailing Address 1503 S. Airport  
suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20104**

Amount of Each Receipt this Period  
400.00  
contribution

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

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20105**

Amount of Each Receipt this Period  
10.00  
contribution

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

Mailing Address 501 Mockingbird Lane

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20106**

Amount of Each Receipt this Period  
50.00  
contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 460.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Marcos Barrera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3000 Yellowhammer

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20107**

Amount of Each Receipt this Period  

125.00
--------

contribution

**B. Ricardo Barrera**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 Frio

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20108**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Dr. Sebrahman Behara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Cardinal

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20109**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Yuri Bermudez**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.Box 1125

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20110**

Amount of Each Receipt this Period  

50.00
-------

contribution

**B. Juan Bernini**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2804 Santa Ana

City mission	State TX	Zip Code 78574
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20111**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Sarojini Bose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7007 N 1st Lane

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20112**

Amount of Each Receipt this Period  

250.00
--------

contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Francisco Bracamontes</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20113</b>
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 400.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 3900.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Yvonne Bracamontes</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20114</b>
Mailing Address 2005 Cimarron Court		Amount of Each Receipt this Period 50.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Erasto Canales</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20116</b>
Mailing Address 105 Bluebird		Amount of Each Receipt this Period 125.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 875.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Ricardo Canales**

Mailing Address 408 Marigold

City State Zip Code  
McAllen TX 78501

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

Name of Employer Occupation  
self-employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20117**

Amount of Each Receipt this Period  
50.00

contribution

Full Name (Last, First, Middle Initial)  
**B. Desi Canals**

Mailing Address 1912 Trinity

City State Zip Code  
Mission TX 78574

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

Name of Employer Occupation  
Self employed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20118**

Amount of Each Receipt this Period  
25.00

contribution

Full Name (Last, First, Middle Initial)  
**c. Alonzo Cantu**

Mailing Address P.O.Box 2673

City State Zip Code  
mcallen TX 78502

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20119**

Amount of Each Receipt this Period  
400.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. David Cantu**  
Full Name (Last, First, Middle Initial)

Mailing Address 2409 Kiwi

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20120**

Amount of Each Receipt this Period  
 30.00  
 contribution

**B. Dr. Leonel Cantu**  
Full Name (Last, First, Middle Initial)

Mailing Address 2102 Deborah

City Edinburg State TX Zip Code 78539

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

Name of Employer Self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20121**

Amount of Each Receipt this Period  
 50.00  
 contribution

**C. Ms Melissa Cantu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 S. Gumwood

City Pharr State TX Zip Code 78577

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

Name of Employer self-employee Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20122**

Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ► **130.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Joseph Caporusso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 217 E. Yellowhammer  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20124**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**B. Carlos Cardenas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 N. Taylor Road  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20125**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**C. Jose Carreras**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 E. Griffin Parkway  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20126**  
 Amount of Each Receipt this Period **400.00**  
 contribution

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

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

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

FOR LINE NUMBER: PAGE 21 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Marissa Castaneda**

Mailing Address 5021 Elk Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 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)  
**B. Augusto Castrillon**

Mailing Address 223 Rio Grande Drive

City mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate 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 State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 14 / 2012  
Transaction ID : SA11AI.20130

Amount of Each Receipt this Period 125.00 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. R. Chandrarasekharan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 East 8th street  
 suite 1  
 City weslaco State TX Zip Code 78591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20131**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**B. Mr. Roel Contreras**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 Harvey  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20132**  
 Amount of Each Receipt this Period  
 25.00  
 contribution

**C. Dr. Virah Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 South 5th Street suite 7  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20133**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Donna Cooper-Dockery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 Solera Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20134**  
 Amount of Each Receipt this Period  
**125.00**  
 contribution

**B. Dr. Oscar Cortez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4101 South Burns Drive  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20135**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**C. Diana Cortinas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Northgate Lane  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2230.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20136**  
 Amount of Each Receipt this Period  
**200.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Guillermo Cortinas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1224 Northgate Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1199.07

Date of Receipt  
12 / 14 / 2012  
Transaction ID : SA11AI.20137

Amount of Each Receipt this Period  
50.00  
contribution

**B. Javier Cortinas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Northgate

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 14 / 2012  
Transaction ID : SA11AI.20138

Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Hildegardo Costa**  
Full Name (Last, First, Middle Initial)

Mailing Address 129 Bluebird

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James Darling**  
Full Name (Last, First, Middle Initial)

Mailing Address 1225 E Peking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20140**

Amount of Each Receipt this Period  
 150.00  
 contribution

**B. David Deanda**  
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20141**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Dr. Andrew De La Garza**  
Full Name (Last, First, Middle Initial)

Mailing Address 708 South H Street

City McAllen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20144**

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jorge De La Garza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Condor  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20145**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Luis Delgado Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5128 N. 10th  
 City Mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20147**  
 Amount of Each Receipt this Period  
**150.00**  
 contribution

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20148**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 102
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Satish D. Desai</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20149</b>
Mailing Address 7004 North 1st		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ted Disque</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20150</b>
Mailing Address 501 Iris		Amount of Each Receipt this Period 20.00 contribution
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Oneida Elizondo</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20151</b>
Mailing Address 2411 Durango Drive		Amount of Each Receipt this Period 25.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Koththegal Eshwar**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Yellow Hammer

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20152**

Amount of Each Receipt this Period  
 50.00  
 contribution

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

Mailing Address 136 W. Yucca

City mcallent State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20153**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2768 Pharmacy Road

City rio grande city State TX Zip Code 78582

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20154**

Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maria Elena Falcon</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20155</b>
Mailing Address 2212 Westway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alexander Feigl</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20156</b>
Mailing Address 110 E. Savannah #101		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Alberto Felici</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20157</b>
Mailing Address 2309 W. Greenbriar Square		Amount of Each Receipt this Period 100.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1264.65	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Marco Flores**

Mailing Address 320 Primrose

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2997.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20158**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 4420 East Mile 17 1/2

City Edinburg State TX Zip Code 78542

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

Name of Employer self-employee Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20160**

Amount of Each Receipt this Period  
 25.00  
 contribution

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

Mailing Address 3212 Nightingale Court

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20161**

Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Eugenio Galindo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5936 N. Cynthia

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20162**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Elvin Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 Santa Teresa

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20163**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Hiram Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2712 E Mile 5 Road

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20164**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms Nancy Garcia</b>			Date of Receipt
Mailing Address 1409 Dora Jeanne Drive			M M / D D / Y Y Y Y 12 / 14 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.20165</b>
Mission	TX	78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	contribution	
selfemployed	private investor		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	240.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Oscar Garcia</b>			Date of Receipt
Mailing Address 1717 Palazzo			M M / D D / Y Y Y Y 12 / 14 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.20166</b>
Mission	TX	78572	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 ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	4440.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Ricardo Garcia</b>			Date of Receipt
Mailing Address 6108 North 5th Street			M M / D D / Y Y Y Y 12 / 14 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.20168</b>
McAllen	TX	78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer	Occupation	contribution	
self-employed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	525.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Samuel Garcia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 E. Guardenia

City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20169**

Amount of Each Receipt this Period  
100.00  
contribution

**B. Dr. Carlos Garcia-Cantu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4121 N. 10th #240

City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20170**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Ms Anna Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3212 S Boyce Circle

City Donna	State TX	Zip Code 78557
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20172**

Amount of Each Receipt this Period  
25.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. James Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2821 Lakeshore Drive

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20173**

Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Dr. Martin Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 180

City Linn	State TX	Zip Code 78563
--------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20174**

Amount of Each Receipt this Period  
 50.00  
 contribution

**C. Rene Garza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5404 N. 1st street

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20175**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Ayda Garza-Montalvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Silvarado North  
 City State Zip Code  
 Palmhurst TX 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed self-employee physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20176**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**B. Dr. Jesus Garza-Tamez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 W. Gardenia  
 City State Zip Code  
 McAllen TX 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20177**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City State Zip Code  
 mcallen TX 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20178**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Sathiyaraj George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2607 Solera

City	State	Zip Code
Mission	TX	78572

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

Name of Employer	Occupation
self-employed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20179**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Dr. Richard Gillett**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 South 10th

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer	Occupation
self-employee	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20181**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address 106 W. Flamingo

City	State	Zip Code
mcallen	TX	78504

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

Name of Employer	Occupation
selfemployed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20182**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Felipe Gomez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2401 SE Augusta Square

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20183**

Amount of Each Receipt this Period  

50.00
-------

contribution

**B. Dr. Juan Pablo Gomez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 113 Canary

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20184**

Amount of Each Receipt this Period  

200.00
--------

contribution

**C. Mr. Marco Gomez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2705 Biltmore

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20185**

Amount of Each Receipt this Period  

25.00
-------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 204 Valenca

City Weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **278.28**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20188**

Amount of Each Receipt this Period **25.00**  
contribution

**B. Ada Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20189**

Amount of Each Receipt this Period **75.00**  
contribution

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

Mailing Address 311 E. Davis

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20190**

Amount of Each Receipt this Period **20.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2305 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20191**

Amount of Each Receipt this Period  
 50.00

contribution

**B. Dr. Esteban Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address 2210 Monaco Drive

City Mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20192**

Amount of Each Receipt this Period  
 50.00

contribution

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

Mailing Address 3511 Plazas del Lago

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20193**

Amount of Each Receipt this Period  
 250.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Juan Gonzalez-Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Meadwood  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20194**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Verley Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2812.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20195**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Enrique Griego**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 Inspiratin Drive  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20196**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Maria Ruby Guajardo</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20197</b>
Mailing Address 2603 Santa Laura		Amount of Each Receipt this Period 50.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Guerra</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20199</b>
Mailing Address 101 S. Broadway		Amount of Each Receipt this Period 100.00 contribution
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		contribution
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. Marcy Guerra</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20201</b>
Mailing Address 13337 Borolo Drive		Amount of Each Receipt this Period 250.00 contribution
City edinburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. C		contribution
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Alberto Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20203</b>
Mailing Address 6020 Wisconsin		Amount of Each Receipt this Period 250.00 contribution
City edenburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Marco Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20204</b>
Mailing Address 511 N. Depot Road		Amount of Each Receipt this Period 400.00 contribution
City edenburg	State TX	Zip Code 78541
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Full Name (Last, First, Middle Initial) <b>C. Miguel Gutierrez</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20205</b>
Mailing Address 224 Lindberg		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Eduardo Guzman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2308 Highway 83 suite f

City Penitas	State TX	Zip Code 78573
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20206**

Amount of Each Receipt this Period  

50.00
-------

contribution

**B. Victor Haddad**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4008 Burns Drive South

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20207**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Thomas Hausle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 South J

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20208**

Amount of Each Receipt this Period  

75.00
-------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 14 / 2012**

**Transaction ID : SA11AI.20209**

Amount of Each Receipt this Period  
**50.00**

contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Blake Hensler**

Mailing Address 3414 Pricess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 14 / 2012**

**Transaction ID : SA11AI.20210**

Amount of Each Receipt this Period  
**25.00**

contribution

Full Name (Last, First, Middle Initial)  
**C. Ms Monica Hensler**

Mailing Address 3414 Princess Street

City Edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 14 / 2012**

**Transaction ID : SA11AI.20211**

Amount of Each Receipt this Period  
**25.00**

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ambrosio Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Dana  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20212**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Maximiliano Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Byron Nelson Drive #40 Villas Jardin  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20214**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 102
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Dr. Dynio Honrubia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5600 North Cynthia

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

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20215**

Amount of Each Receipt this Period  

50.00
-------

contribution

**B. Vincent Honrubia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 204 Rio Grande

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20216**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Dr. Syed Husain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7020 N. 1st

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

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20217**

Amount of Each Receipt this Period  

100.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 712 S. Cage

City Pharr State TX Zip Code 78577

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20218**

Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Ms Marina Jacobson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Doherty

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20219**

Amount of Each Receipt this Period  
 25.00  
 contribution

**C. Dr. Danielle Jinenez-Flores**  
Full Name (Last, First, Middle Initial)

Mailing Address 4212 Lebanon

City Edinburg State TX Zip Code 78539

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20220**

Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Belinda Jordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2621 Trenton

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20221**

Amount of Each Receipt this Period  

50.00
-------

contribution

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

Mailing Address 708 S H Street

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20222**

Amount of Each Receipt this Period  

25.00
-------

contribution

**C. Nelson Kalaf**  
Full Name (Last, First, Middle Initial)

Mailing Address 5401 N. 8th Street

City mcAllen	State TX	Zip Code 78504
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.20223**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2548 Palm Circle

City	State	Zip Code
rio grande city	TX	78582

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

Name of Employer	Occupation
selfemployed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20224**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Dr. Adolfo Kaplan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7902 N. 2th Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer	Occupation
self-employed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20226**

Amount of Each Receipt this Period  
 200.00  
 contribution

**C. Mr. Kambiz Khademi**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 3422

City	State	Zip Code
McAllen	TX	78502

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

Name of Employer	Occupation
self-employed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20227**

Amount of Each Receipt this Period  
 40.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Salman Muhammad Khan**  
Full Name (Last, First, Middle Initial)

Mailing Address 3435 MacQuarie Drive

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20228**

Amount of Each Receipt this Period  
50.00  
contribution

**B. Gholam Kiani**  
Full Name (Last, First, Middle Initial)

Mailing Address 213 e. Xenops

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20230**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Mr. John Kiker**  
Full Name (Last, First, Middle Initial)

Mailing Address 416 N. 17th Street

City Donna	State TX	Zip Code 78537
---------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20231**

Amount of Each Receipt this Period  
50.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mary Elizabeth Klenz</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20232</b>
Mailing Address 5111 N. 10th Street		Amount of Each Receipt this Period 150.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) <b>B. Jorge Kutugata</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20233</b>
Mailing Address Rt 2 Box 522-K		Amount of Each Receipt this Period 250.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Hossein Lahiji</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20234</b>
Mailing Address 801 E. Nolana #20		Amount of Each Receipt this Period 400.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ramiro Leal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Tulip  
 City State Zip Code  
 mcallen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 selfemployed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20235**  
 Amount of Each Receipt this Period  
 50.00  
 contribution

**B. Dr. Raul Ledesma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5508 N. 1st Street  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20236**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Dr. Rodrigo Lema**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 124 Canary  
 City State Zip Code  
 McAllen TX 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20237**  
 Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Rick Lin</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20239</b>
Mailing Address 5112 N. 10th Street		Amount of Each Receipt this Period 25.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Enrique Linan</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20240</b>
Mailing Address 3003 Santo Olivia		Amount of Each Receipt this Period 25.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dale Linebarger</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20241</b>
Mailing Address 901 West 9th Street #405		Amount of Each Receipt this Period 400.00 contribution
City austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Linette Linsangan</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 105 E. Yellowhammer		<b>Transaction ID : SA11AI.20242</b>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 contribution	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Lisa Longoria</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 716 South Excalibur Street		<b>Transaction ID : SA11AI.20244</b>
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00 contribution	
Name of Employer self-employee	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 557.45	

Full Name (Last, First, Middle Initial) <b>C. Alfredo Lopez</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 7609 N. 24th Circle		<b>Transaction ID : SA11AI.20246</b>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00 contribution	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Sergio Lozano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2309 Spicewood Drive  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20248**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Salil Mangi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3801 Sundown Court East  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20250**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Dr. Roberto M. Mangoo-Karim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3817 Sundown Ct  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20251**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20252**

Amount of Each Receipt this Period  
 400.00

contribution

**B. Agustin Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20253**

Amount of Each Receipt this Period  
 400.00

contribution

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

Mailing Address 1903 W. Smith

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20254**

Amount of Each Receipt this Period  
 250.00

contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Robert Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2809 Santa Lydia  
City Mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20255**  
Amount of Each Receipt this Period **100.00**  
contribution

**B. Santos Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 East Yucca  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2909.52**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20256**  
Amount of Each Receipt this Period **250.00**  
contribution

**C. Dr. Israel Mata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2601 Lakeshore Drive  
City Edinburg State TX Zip Code 78539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20257**  
Amount of Each Receipt this Period **50.00**  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Nelson Mata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1705 Palazzo

City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20258**

Amount of Each Receipt this Period  
100.00  
contribution

**B. Ms Kimberely McNutt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7716 N. 27th

City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20260**

Amount of Each Receipt this Period  
25.00  
contribution

**C. Dr. Javier Media**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3601 Oakwood Lane

City Mission	State TX	Zip Code 78573
FEC ID number of contributing federal political committee.	C	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20261**

Amount of Each Receipt this Period  
50.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bertha Medina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1300 1 1/2 Street

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20262**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Ms Camen Martha Medina**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 E. Yucca

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20263**

Amount of Each Receipt this Period  

50.00
-------

contribution

**C. Dr. Carlos Mego**  
Full Name (Last, First, Middle Initial)  
Mailing Address 602 McColl Circle

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20264**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Imtiaz Mehkri**  
Full Name (Last, First, Middle Initial)

Mailing Address 7120 Ware Road

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20266**

Amount of Each Receipt this Period  
 90.00  
 contribution

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

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2993.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20269**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Scott Meyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 521.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Fausto Meza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4914 Edinburg Road

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
377.98

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20271**

Amount of Each Receipt this Period  
25.00  
contribution

**B. Dr. Emil Milano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 225 E. Cornell

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20272**

Amount of Each Receipt this Period  
100.00  
contribution

**C. Carlos N Mohamed Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2821 Michael Angelo

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20273**

Amount of Each Receipt this Period  
100.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Samira T. Mohamed**  
Full Name (Last, First, Middle Initial)

Mailing Address 324 Heron

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20229**

Amount of Each Receipt this Period  
 50.00

contribution

**B. Dr. Ruben Mohme**  
Full Name (Last, First, Middle Initial)

Mailing Address 7309 N. 4th Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20274**

Amount of Each Receipt this Period  
 100.00

contribution

**C. Dr. Armando Moncada**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421 North 2nd Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20275**

Amount of Each Receipt this Period  
 400.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carlos Morales**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3325 Kent Lane

City mcallen	State TX	Zip Code 78503
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20276**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Leonel Moreno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1608 Woods Drive

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20278**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Dr. Sivakumari Nandipaty**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1509 N. Misty Lane

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20279**

Amount of Each Receipt this Period  

50.00
-------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Jesse Naranjo**  
Full Name (Last, First, Middle Initial)

Mailing Address 3301 N. Cynthia Lane

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20280**

Amount of Each Receipt this Period  

100.00
--------

contribution

**B. Lauren Naylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 3020 Melinda Drive

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20281**

Amount of Each Receipt this Period  

50.00
-------

contribution

**c. Dr. William O'Callaghan**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 NE Augusta Square

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

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20282**

Amount of Each Receipt this Period  

100.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Alfonso Ochoa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1901 W. 18th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20285**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**B. Mr. Ricardo Ochoa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2421 N. 'J' Street  
 City McAllen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20283**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**C. Dr. Victor Ogunlana**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2604 Santa Teresa  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20286**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 102
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Noel Oliveira**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9917 Bentsen Road  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20287**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**B. Dr. Athanaji Orfanos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3013 Lakeshore Drive  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20288**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**C. Dr. John Orfanos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5416 N. Cynthia  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20289**  
 Amount of Each Receipt this Period **50.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mr. Jose Ortega**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2504 Xanthisma

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.45	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20290**

Amount of Each Receipt this Period  
20.00  
contribution

**B. Juan Ortiz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4501 N. Cynthia

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20291**

Amount of Each Receipt this Period  
50.00  
contribution

**C. Armando Osio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 Tulip

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20292**

Amount of Each Receipt this Period  
250.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 68 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1601 Sebastian Drive

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20293**

Amount of Each Receipt this Period  
 50.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Fernando Otero**

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20294**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Kip Owen**

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1075.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20295**

Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

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

FOR LINE NUMBER: PAGE 69 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Esteban Palacios Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 3669  
 City Edinburg State TX Zip Code 78540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20296**  
 Amount of Each Receipt this Period  
 50.00  
 contribution

**B. Prakash Palimar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Canary  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20297**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Umesh Pathak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2004 Alexander Drive  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20298**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Guillermo Pechero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2312 La Condesa

City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20299**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Eduardo Peguero**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.Box 5959

City McAllen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C		
Name of Employer Self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20300**

Amount of Each Receipt this Period  
150.00  
contribution

**C. Dr. Alberto Pena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3716 Tigris

City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 564.90	

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20301**

Amount of Each Receipt this Period  
50.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 100 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20302**

Amount of Each Receipt this Period  
 400.00

contribution

**B. Juan Pena**  
Full Name (Last, First, Middle Initial)

Mailing Address 905 S. Huisache Court

City pharr State TX Zip Code 78577

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20303**

Amount of Each Receipt this Period  
 400.00

contribution

**C. Dr. Raul Pena**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 San Clemente

City Mission State TX Zip Code 78572

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20304**

Amount of Each Receipt this Period  
 125.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 5360

City State Zip Code  
mcallen TX 78502

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20305**

Amount of Each Receipt this Period  
25.00  
contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Florencia Perez**

Mailing Address 4600 Victoria

City State Zip Code  
McAllen TX 78503

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

Name of Employer Occupation  
selfemployed private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1796.10

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20307**

Amount of Each Receipt this Period  
200.00  
contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Francisco Perez**

Mailing Address 4726 S. Jackson

City State Zip Code  
Edinburg TX 78539

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

Name of Employer Occupation  
self-employee physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20306**

Amount of Each Receipt this Period  
50.00  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Irene Perez-Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 N. Nueces Park Lane  
 City Harlingen State TX Zip Code 78552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20308**  
 Amount of Each Receipt this Period **50.00**  
 contribution

**B. Claudia Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2795.11**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20309**  
 Amount of Each Receipt this Period **400.00**  
 contribution

**C. Mr. Francisco Pina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 129 E. Jones  
 City Pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.20310**  
 Amount of Each Receipt this Period **25.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Ms Jessica Porras**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5128 North 10th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation private investor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20311**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**B. Sergio Preciado**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 521 E. Bluebird  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2803.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20312**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**C. Dr. Ernesto Ramirez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.Box 720298  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20314**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Samuel Ramirez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5201 N. 10th

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

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20315**

Amount of Each Receipt this Period  

40.00
-------

contribution

**B. Sergio Ramirez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1608 Woods Drive

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

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20316**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Gustavo Ramos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 S. Perking

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

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

Name of Employer selfemployed	Occupation physicain
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20317**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dr. Keith Ramos**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 4412

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer selfemployed	Occupation physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20318**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
				<b>50.00</b>

contribution

**B. Mr. Mario Rangel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3213 Lance Lot Lane

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20320**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
				<b>25.00</b>

contribution

**C. Ms Soraya Rangel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2010 S. Cynthia Ste 110

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

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

Name of Employer selfemployed	Occupation private investor
----------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20321**

Amount of Each Receipt this Period  

100.00	100.00	100.00	100.00	100.00
				<b>25.00</b>

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Shahid Rashid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 Canary  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20322**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**B. R.V. Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Southland Drive  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20323**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**C. Dr. Manuel Reinoso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 E Ridge suite 7  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20324**  
 Amount of Each Receipt this Period  
 25.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William Restrepo</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 1117 S. Cynthia		<b>Transaction ID : SA11AI.20325</b>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Anna Reyes</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 320 North 7th Street		<b>Transaction ID : SA11AI.20326</b>
City McAllen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Homero Rivas</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012
Mailing Address 100 E. Houston		<b>Transaction ID : SA11AI.20327</b>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2980.92	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Benjamin Robalino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1217 S. Cynthia  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20328**  
 Amount of Each Receipt this Period 250.00  
 contribution

**B. Mr. Martin Rocha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 662  
 City Santa Rosa State TX Zip Code 78593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 559.85

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20329**  
 Amount of Each Receipt this Period 50.00  
 contribution

**c. Dr. Ofelia Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 E. Xenops  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.20331**  
 Amount of Each Receipt this Period 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Robert Ruiz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2524 James

City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.20333**

Amount of Each Receipt this Period  
50.00  
contribution

**B. Paulette Saca**  
Full Name (Last, First, Middle Initial)  
Mailing Address 109 Condor

City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.20334**

Amount of Each Receipt this Period  
75.00  
contribution

**C. Javier Saenz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2308 Monaco Drive

City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4800.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.20335**

Amount of Each Receipt this Period  
400.00  
contribution

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



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

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

FOR LINE NUMBER: PAGE 81 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JJ Saenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20336**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Larry Safir**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 S. 2nd suite 10  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20337**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Juan Salazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20338**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Leonardo Salcedo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5409 N. 1st Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20339**  
 Amount of Each Receipt this Period  
**50.00**  
 contribution

**B. Dr. Mariano Salinas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 Red River  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20340**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**C. Elisa Garza Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3509 N. Glasscock  
 City Mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20341**  
 Amount of Each Receipt this Period  
**125.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... **275.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 83 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Manuel Sanchez**

Mailing Address 2804 Santa Lydia

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20342**

Amount of Each Receipt this Period  
 100.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Victor Sanchez**

Mailing Address P.O. Box 1868

City McAllen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20343**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Ms Elena Santoy**

Mailing Address 416 N. 17th Street

City Donna State TX Zip Code 78537

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20344**

Amount of Each Receipt this Period  
 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

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

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

FOR LINE NUMBER: PAGE 84 OF 102  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Manuel Seas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5714 N. 6th Street  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20345**  
 Amount of Each Receipt this Period  
 30.00  
 contribution

**B. Michael Seiba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 4556  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20346**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Dr. Samuel Serna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 E. Cornell  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employee Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20347**  
 Amount of Each Receipt this Period  
 100.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tawhid Shuaib</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20348</b>
Mailing Address 4000 Burns Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 4800.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Herschel Siberman</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20349</b>
Mailing Address 609 Tulip		Amount of Each Receipt this Period 50.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 350.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dennis Slavin</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20350</b>
Mailing Address 1501 S. Oklahoma		Amount of Each Receipt this Period 100.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hilda Solis**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O.Box 3302

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20351**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								25.00

contribution

**B. Joel Solis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 405 E. Avocet

City Mcallen	State TX	Zip Code 78501
-----------------	-------------	-------------------

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

Name of Employer self-employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1583.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20352**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								150.00

contribution

**C. Dr. Hector Soto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

Name of Employer self-employee	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.20353**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0
								400.00

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Nelson Spinetti**  
Full Name (Last, First, Middle Initial)

Mailing Address 2707 Cornerstone Blvd

City	State	Zip Code
Edinburg	TX	78539

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

Name of Employer	Occupation
selfemployed	self-employee physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20354**

Amount of Each Receipt this Period  
 200.00  
 contribution

**B. Mr. Raul Sustaita**  
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Scobey

City	State	Zip Code
Donna	TX	78537

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

Name of Employer	Occupation
selfemployed	private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20355**

Amount of Each Receipt this Period  
 25.00  
 contribution

**C. Dr. Jyothi Swarup**  
Full Name (Last, First, Middle Initial)

Mailing Address 8109 N. 1st Street

City	State	Zip Code
McAllen	TX	78504

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

Name of Employer	Occupation
selfemployed	physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20356**

Amount of Each Receipt this Period  
 100.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Wilson Sy**  
Full Name (Last, First, Middle Initial)

Mailing Address 6724 N.Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20357**

Amount of Each Receipt this Period  
**50.00**  
 contribution

**B. Alejandro Tey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Laurie Lane

City Edinburg State TX Zip Code 78539

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

Name of Employer Self employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20359**

Amount of Each Receipt this Period  
**250.00**  
 contribution

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

Mailing Address 112 S. Broadway

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20362**

Amount of Each Receipt this Period  
**250.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Krishna Turlapati</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20364</b>
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Turley</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20365</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 2961.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marcel Twahirwa</b>		Date of Receipt 12 / 14 / 2012 <b>Transaction ID : SA11AI.20366</b>
Mailing Address 2403 El Encino Drive		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation physician		Aggregate Year-to-Date ▼ 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lourdes Uribe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E. Nolana  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20367**  
 Amount of Each Receipt this Period  
**50.00**  
 contribution

**B. Dr. Theresa Valladares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Red River Drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20368**  
 Amount of Each Receipt this Period  
**100.00**  
 contribution

**C. Jose Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20225**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Efraim Vela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 E. Ridge Road #B  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2904.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20372**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Ramiro Verdoreen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 E. Newport  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20375**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Carlos Villalta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 1632  
 City mission State TX Zip Code 78573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20377**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rita Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana  
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1087.11

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20378**

Amount of Each Receipt this Period  
50.00  
contribution

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

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1067.55

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.20379**

Amount of Each Receipt this Period  
90.00  
contribution

**C. Roger Vitko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Raymond Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20381**

Amount of Each Receipt this Period  
 250.00

contribution

**B. James Webb**  
Full Name (Last, First, Middle Initial)

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1267.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20382**

Amount of Each Receipt this Period  
 62.50

contribution

**C. Patrick Wilcox**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012

**Transaction ID : SA11AI.20383**

Amount of Each Receipt this Period  
 100.00

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 412.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Subbarao Yarra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6905 N. Cynthia  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20386**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

**B. Dr. Christopher Zaleski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6804 N. 1st  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20387**  
 Amount of Each Receipt this Period  
**250.00**  
 contribution

**c. Hugo Zapata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 Xenops  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.20388**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Livania Zavala-Spinetti</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20389</b>
Mailing Address 109 E Cornell		Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0 25.00 contribution
City McAllen State TX Zip Code 78502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0 300.00 contribution
Name of Employer selfemployed Occupation self-employee physician	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Fuad Zayed</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.20390</b>
Mailing Address 1425 Sweet Lane		Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0 75.00 contribution
City Edinburg State TX Zip Code 78539	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0 900.00 contribution
Name of Employer selfemployed Occupation physician	Aggregate Year-to-Date 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0
City State Zip Code	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12 3 4 5 6 7 8 9 0
Name of Employer Occupation	Aggregate Year-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	41172.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20405**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20408**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20409**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20406**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20410**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposits - IRS

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20404**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20403**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20407**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Long Chilton LLP**

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
paysmart payroll services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20397**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Long Chilton LLP**

Mailing Address 4100 N. 23rd

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
paysmart payroll services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.20398**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. RAMIRO JR GARZA**

Mailing Address P.O. BOX 763

City State Zip Code  
PORT ISABEL TX 78578

Purpose of Disbursement  
contribution

011

Candidate Name

**RAMIRO JR GARZA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

Transaction ID : SB23.20402

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
---------

2500.00
---------

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 102
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.9553</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.10053</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10

Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.