

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 1210 W EXPRESSWAY 83 SUITE 10 PHARR TX 78577

2. FEC IDENTIFICATION NUMBER C00415752 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20 (M2) to Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ernie Perez Signature of Treasurer Electronically Filed by Ernie Perez Date 10 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		654384.71
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	754672.83									
(c) Total Receipts (from Line 19)	78927.48	239215.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	833600.31	893600.31								
7. Total Disbursements (from Line 31)	37239.85	97239.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	796360.46	796360.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	77915.61	234930.98
(i) Itemized (use Schedule A)	1011.87	4284.62
(ii) Unitemized	78927.48	239215.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	78927.48	239215.60
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	78927.48	239215.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	78927.48	239215.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2239.85	2239.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2239.85	2239.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	75000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	20000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37239.85	97239.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37239.85	97239.85

DETAILED SUMMARY PAGE
of Disbursements

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)	78927.48	239215.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78927.48	239215.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2239.85	2239.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2239.85	2239.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 heritage lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8190
Name of Employer self-employee		Occupation	Amount of Each Receipt this Period
self-employee		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 heritage lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8339
Name of Employer self-employee		Occupation	Amount of Each Receipt this Period
self-employee		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
	Mailing Address 1619 heritage lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8463
Name of Employer self-employee		Occupation	Amount of Each Receipt this Period
self-employee		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 127
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8191</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8340</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code <u>mcallen</u> TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8464</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

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 8 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8192
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8341
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Michael Alleyn		Date of Receipt
	Mailing Address 5505 N. 4th		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8465
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		private investor	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt MM / DD / YYYY 07 / 11 / 2008		
	Mailing Address 2108 Mynah		Transaction ID: SA11AI.8193		
	City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor	Aggregate Year-to-Date ▼ 1750.00		

B.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt MM / DD / YYYY 08 / 15 / 2008		
	Mailing Address 2108 Mynah		Transaction ID: SA11AI.8342		
	City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor	Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt MM / DD / YYYY 09 / 12 / 2008		
	Mailing Address 2108 Mynah		Transaction ID: SA11AI.8466		
	City mcallen	State TX	Zip Code 78501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer self-employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation private investor	Aggregate Year-to-Date ▼ 2250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 7004 N. Cynthia		Transaction ID: SA11AI.8194
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 875.00	

B.

Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 7004 N. Cynthia		Transaction ID: SA11AI.8343
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 7004 N. Cynthia		Transaction ID: SA11AI.8467
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 ▼ 1250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼
1750.00

Date of Receipt
07 / 11 / 2008

Transaction ID: SA11AI.8195

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼
2000.00

Date of Receipt
08 / 15 / 2008

Transaction ID: SA11AI.8344

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼
2250.00

Date of Receipt
09 / 12 / 2008

Transaction ID: SA11AI.8468

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11AI.8196
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-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1550.00	

B.

Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11AI.8345
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-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

C.

Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 501 Mockingbird Lane		Transaction ID: SA11AI.8469
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-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

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

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

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

FOR LINE NUMBER: PAGE 13 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ricardo Barrera
 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 ▼ 1750.00
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8197
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Ricardo Barrera
 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 ▼ 2000.00
 Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8346
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Ricardo Barrera
 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 ▼ 2250.00
 Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8470
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8198

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8347

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8471

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 15 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8199
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8348
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Sarojini Bose		Date of Receipt
	Mailing Address 7007 N 1st Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8472
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 2005 Cimarron Court		Transaction ID: SA11AI.8200
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

B.

Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 2005 Cimarron Court		Transaction ID: SA11AI.8349
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 2005 Cimarron Court		Transaction ID: SA11AI.8473
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2000 N. 8th Street

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8201

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2000 N. 8th Street

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8350

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2000 N. 8th Street

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8474

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Transaction ID: SA11AI.8202
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Transaction ID: SA11AI.8351
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Transaction ID: SA11AI.8475
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 19 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8203

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed 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
08 / 15 / 2008

Transaction ID: SA11AI.8353

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8476

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8204

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Jose Carreras

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8354

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1016 E. Griffin Parkway

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8477

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 1750.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8207

Amount of Each Receipt this Period contribution 250.00

B. Full Name (Last, First, Middle Initial)
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 ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8355

Amount of Each Receipt this Period contribution 250.00

C. Full Name (Last, First, Middle Initial)
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 ▼ 2250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8478

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 1750.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.8209
 Amount of Each Receipt this Period: 250.00
 contribution

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

Mailing Address 2301 N. Bryan Road

City 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 ▼ 2000.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.8356
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2250.00

Date of Receipt: 09 / 12 / 2008
Transaction ID: SA11AI.8479
 Amount of Each Receipt this Period: 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt MM / DD / YYYY 07 / 11 / 2008

Transaction ID: SA11AI.8210

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY 08 / 15 / 2008

Transaction ID: SA11AI.8357

Amount of Each Receipt this Period 250.00

contribution

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

Mailing Address 1210 East 8th street
suite 1

City 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 ▼ 2250.00

Date of Receipt MM / DD / YYYY 09 / 12 / 2008

Transaction ID: SA11AI.8480

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1548.49

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8211

Amount of Each Receipt this Period
218.01

contribution

B.

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1766.50

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8358

Amount of Each Receipt this Period
218.01

contribution

C.

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1932.59

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8497

Amount of Each Receipt this Period
166.09

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **602.11**

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 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.61

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8212

Amount of Each Receipt this Period
133.91

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1109.52

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8359

Amount of Each Receipt this Period
133.91

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.54

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8498

Amount of Each Receipt this Period
102.02

contribution

SUBTOTAL of Receipts This Page (optional) ► **369.84**

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

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

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

FOR LINE NUMBER: PAGE 26 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Javier Cortinas
Mailing Address 1400 Northgate
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation
self-employed physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.8213
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Javier Cortinas
Mailing Address 1400 Northgate
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation
self-employed physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.8360
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Javier Cortinas
Mailing Address 1400 Northgate
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation
self-employed physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt: 09 / 12 / 2008
Transaction ID: SA11AI.8499
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 27 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
James Darling
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 ▼ 1050.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8214
Amount of Each Receipt this Period 150.00
contribution

B. Full Name (Last, First, Middle Initial)
James Darling
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 ▼ 1200.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8362
Amount of Each Receipt this Period 150.00
contribution

C. Full Name (Last, First, Middle Initial)
James Darling
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 ▼ 1350.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8496
Amount of Each Receipt this Period 150.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 28 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

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 ▼ 1750.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8218

Amount of Each Receipt this Period contribution 250.00

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

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 ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8367

Amount of Each Receipt this Period contribution 250.00

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

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 ▼ 2250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8501

Amount of Each Receipt this Period contribution 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge De La Garza
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 ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8217
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Jorge De La Garza
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 ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8361
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Jorge De La Garza
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 ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8500
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 30 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8219
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8368
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alberto Duran		Date of Receipt
	Mailing Address 1615 Palazzo		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8502
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8220

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8369

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8503

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Antonio Esparza
Mailing Address 136 W. Yucca
City State Zip Code
mcallent TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8221
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Antonio Esparza
Mailing Address 136 W. Yucca
City State Zip Code
mcallent TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8370
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Antonio Esparza
Mailing Address 136 W. Yucca
City State Zip Code
mcallent TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8504
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 33 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8222

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8371

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8505

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8223

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8372

Amount of Each Receipt this Period
100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Alberto Felici

Mailing Address 2309 W. Greenbriar Square

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1950.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8506

Amount of Each Receipt this Period
100.00

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 35 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8224
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8373
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Marco Flores		Date of Receipt
	Mailing Address 320 Primrose		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8507
Name of Employer self-employed		Occupation	Amount of Each Receipt this Period
self-employed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8225

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8374

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8508

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8226

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8375

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8509

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8227

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8376

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Hiram Garcia

Mailing Address 2712 E. Mile 5 Road

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8510

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8228

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8377

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8511

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8229

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8378

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8512

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1516.27

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8230

Amount of Each Receipt this Period

211.31

contribution

B.

Full Name (Last, First, Middle Initial)
Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1727.58

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8379

Amount of Each Receipt this Period

211.31

contribution

C.

Full Name (Last, First, Middle Initial)
Robert Genovese

Mailing Address 2208 Summer Breeze

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1888.57

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8513

Amount of Each Receipt this Period

160.99

contribution

SUBTOTAL of Receipts This Page (optional)

583.61

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8231

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8380

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8514

Amount of Each Receipt this Period
100.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ada Gonzalez
 Mailing Address P.O. Box 9817
 City State Zip Code
 alamo TX 78516
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 11 2008
Transaction ID: SA11AI.8233
 Amount of Each Receipt this Period
 193.91
 contribution
 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 ▼ 1523.55

B. Full Name (Last, First, Middle Initial)
Ada Gonzalez
 Mailing Address P.O. Box 9817
 City State Zip Code
 alamo TX 78516
 Date of Receipt
 M M / D D / Y Y Y Y Y
 08 15 2008
Transaction ID: SA11AI.8381
 Amount of Each Receipt this Period
 193.91
 contribution
 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 ▼ 1717.46

C. Full Name (Last, First, Middle Initial)
Ada Gonzalez
 Mailing Address P.O. Box 9817
 City State Zip Code
 alamo TX 78516
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 12 2008
Transaction ID: SA11AI.8515
 Amount of Each Receipt this Period
 147.74
 contribution
 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 ▼ 1865.20

SUBTOTAL of Receipts This Page (optional) ► 535.56
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 44 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
	Mailing Address 2305 Monaco Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 11 / 2008
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8234
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
	Mailing Address 2305 Monaco Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 15 / 2008
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8382
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alfredo Gonzalez		Date of Receipt
	Mailing Address 2305 Monaco Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 12 / 2008
	City	State	Zip Code
	mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8516
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 127
	<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.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.8235
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00	

B.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.8383
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Jaime Gonzalez	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 3511 Plazas del Lago	Transaction ID: SA11AI.8517
	City State Zip Code edinburg TX 78539	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 127
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8232

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8384

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City State Zip Code
weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8518

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.8236
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.8385
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 12 / 2008
Transaction ID: SA11AI.8519
 Amount of Each Receipt this Period: 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Enrique Griego
 Mailing Address 905 Inspiratin Drive
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8237
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Enrique Griego
 Mailing Address 905 Inspiratin Drive
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8386
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Enrique Griego
 Mailing Address 905 Inspiratin Drive
 City State Zip Code
pharr TX 78577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8520
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8239

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8364

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8493

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
John Guerra
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 Date of Receipt 07 / 11 / 2008
 Transaction ID: SA11AI.8240
 Amount of Each Receipt this Period 100.00
 contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

B. Full Name (Last, First, Middle Initial)
John Guerra
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 Date of Receipt 08 / 15 / 2008
 Transaction ID: SA11AI.8387
 Amount of Each Receipt this Period 100.00
 contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 800.00

C. Full Name (Last, First, Middle Initial)
John Guerra
 Mailing Address 3105 Forest Court
 City mission State TX Zip Code 78572
 Date of Receipt 09 / 12 / 2008
 Transaction ID: SA11AI.8521
 Amount of Each Receipt this Period 100.00
 contribution
 FEC ID number of contributing federal political committee. C
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 900.00

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 51 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8241

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8388

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8522

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

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 ▼ 1741.81

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8242

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

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 ▼ 1991.81

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8389

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Rodolfo Guerrero

Mailing Address 1402 E. 8th Street

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 ▼ 2185.26

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8523

Amount of Each Receipt this Period 193.45

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **693.45**

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 / 127
	<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.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	edinburg	TX	78539
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8243
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	edinburg	TX	78539
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8390
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt
	Mailing Address 6020 Wisconsin		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	edinburg	TX	78539
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8524
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Marco Gutierrez		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 511 N. Depot Road		Transaction ID: SA11AI.8244
City edburg	State TX	Zip Code 78541
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 ▼ 1750.00	

B.

Full Name (Last, First, Middle Initial) Marco Gutierrez		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 511 N. Depot Road		Transaction ID: SA11AI.8391
City edburg	State TX	Zip Code 78541
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 ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Marco Gutierrez		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 511 N. Depot Road		Transaction ID: SA11AI.8525
City edburg	State TX	Zip Code 78541
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 ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 127
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8245

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8407

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8526

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 56 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8246

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8408

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8527

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 57 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 902.36
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8247
Amount of Each Receipt this Period 114.85
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 1017.21
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8409
Amount of Each Receipt this Period 114.85
contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 1104.71
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8528
Amount of Each Receipt this Period 87.50
contribution

SUBTOTAL of Receipts This Page (optional) ► 317.20
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8249

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8363

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ambrosio Hernandez

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8494

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8248

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed 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
08 / 15 / 2008

Transaction ID: SA11AI.8402

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8529

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8238

Amount of Each Receipt this Period 250.00

contribution

B.

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

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8410

Amount of Each Receipt this Period 250.00

contribution

C.

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

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8530

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

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 ▼ 1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.8250

Amount of Each Receipt this Period
250.00

contribution

B.

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

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 ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.8411

Amount of Each Receipt this Period
250.00

contribution

C.

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

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 ▼ 2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.8531

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 708 S H Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8532

Amount of Each Receipt this Period
25.00

contribution

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

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8252

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8412

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Gauri Kanhere</p> <p>Mailing Address 2548 Palm Circle</p> <p>City State Zip Code <u>rio grande city</u> TX 78582</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8533</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Gholam Kiani</p> <p>Mailing Address 213 e. Xenops</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8254</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Gholam Kiani</p> <p>Mailing Address 213 e. Xenops</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8413</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 09 / 12 / 2008
Transaction ID: SA11AI.8534
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.8255
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.8414
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz
Mailing Address 5111 N. 10th Street
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8535
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alejandro Kudisch
Mailing Address 323 Nightingale
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 ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8256
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Kudisch
Mailing Address 323 Nightingale
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 08 / 15 / 2008
Transaction ID: SA11AI.8415
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 66 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alejandro Kudisch

Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8539

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8257

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8416

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 67 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge Kutugata
Mailing Address Rt 2 Box 522-K
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 ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8538
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Ramiro Leal
Mailing Address 601 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8258
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Ramiro Leal
Mailing Address 601 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: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8417
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 68 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8537

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8259

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8418

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 69 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8536

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8260

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8419

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Alfredo Lopez</p> <p>Mailing Address 7609 N. 24th Circle</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8541</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Julio Lopez</p> <p>Mailing Address 1311 6th E. Street</p> <p>City State Zip Code <u>weslaco</u> TX 78596</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1044.98</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8337</p> <p>Amount of Each Receipt this Period 133.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Julio Lopez</p> <p>Mailing Address 1311 6th E. Street</p> <p>City State Zip Code <u>weslaco</u> TX 78596</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1177.98</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8420</p> <p>Amount of Each Receipt this Period 133.00</p> <p>contribution</p>
---	--

SUBTOTAL of Receipts This Page (optional)	516.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1311 6th E. Street

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 ▼ 1279.31

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8540

Amount of Each Receipt this Period 101.33

contribution

B. Full Name (Last, First, Middle Initial)
Salil Mangi

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 ▼ 1750.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8262

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Salil Mangi

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 ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8421

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **601.33**

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

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

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

FOR LINE NUMBER: PAGE 72 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Saliil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8542

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8263

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8422

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 73 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Carlos Manrique</p> <p>Mailing Address 116 Cardinal</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8543</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Guillermo Marquez</p> <p>Mailing Address 1702 Trinity Road</p> <p>City State Zip Code <u>mission</u> TX 78572</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8264</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Guillermo Marquez</p> <p>Mailing Address 1702 Trinity Road</p> <p>City State Zip Code <u>mission</u> TX 78572</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8403</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.8544

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.8265

Amount of Each Receipt this Period
250.00

contribution

C.

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.8423

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 75 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Agustin Martinez</p> <p>Mailing Address 7603 N. 2nd Lane</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8545</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ricardo Martinez</p> <p>Mailing Address 1903 W. Smith</p> <p>City State Zip Code <u>edburg</u> TX 78539</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8266</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ricardo Martinez</p> <p>Mailing Address 1903 W. Smith</p> <p>City State Zip Code <u>edburg</u> TX 78539</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8426</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 76 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ricardo Martinez
 Mailing Address 1903 W. Smith
 City State Zip Code
 edinburg TX 78539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt M M / D D / Y Y Y Y Y
 09 / 12 / 2008
Transaction ID: SA11AI.8546
 Amount of Each Receipt this Period
 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Santos Martinez
 Mailing Address 125 East Yucca
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt M M / D D / Y Y Y Y Y
 07 / 11 / 2008
Transaction ID: SA11AI.8267
 Amount of Each Receipt this Period
 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Santos Martinez
 Mailing Address 125 East Yucca
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt M M / D D / Y Y Y Y Y
 08 / 15 / 2008
Transaction ID: SA11AI.8435
 Amount of Each Receipt this Period
 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 125 East Yucca

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8547

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8268

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8450

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8548

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8269

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8452

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 79 / 127
	<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.	Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
	Mailing Address 1300 1 1/2 Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	mcallen	TX	78501
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8549
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
	Mailing Address 3002 Santa Susana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8270
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1750.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt
	Mailing Address 3002 Santa Susana		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8453
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8550

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8272

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address 5408 N. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8454

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Carlos Mohamed</p> <p>Mailing Address 5408 N. Cynthia</p> <p>City State Zip Code mcallen TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8551</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Carlos Morales</p> <p>Mailing Address 3325 Kent Lane</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8275</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Carlos Morales</p> <p>Mailing Address 3325 Kent Lane</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8455</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 82 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Carlos Morales
 Mailing Address 3325 Kent Lane
 City State Zip Code
 mcallen TX 78503
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2008
Transaction ID: SA11AI.8552
 Amount of Each Receipt this Period
 250.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

B. Full Name (Last, First, Middle Initial)
Leonel Moreno
 Mailing Address 1608 Woods Drive
 City State Zip Code
 mission TX 78572
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2008
Transaction ID: SA11AI.8276
 Amount of Each Receipt this Period
 250.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

C. Full Name (Last, First, Middle Initial)
Leonel Moreno
 Mailing Address 1608 Woods Drive
 City State Zip Code
 mission TX 78572
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2008
Transaction ID: SA11AI.8449
 Amount of Each Receipt this Period
 250.00
 contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 127
	<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.	Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
	Mailing Address 1608 Woods Drive		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	mission	TX	78572
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.8553 Amount of Each Receipt this Period <input type="text" value="250.00"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Gregoris Nunez		Date of Receipt
	Mailing Address 1604 East Eight suite b		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.8277 Amount of Each Receipt this Period <input type="text" value="120.01"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="942.86"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Gregoris Nunez		Date of Receipt
	Mailing Address 1604 East Eight suite b		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	weslaco	TX	78596
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer selfemployed		Occupation	Transaction ID: SA11AI.8436 Amount of Each Receipt this Period <input type="text" value="120.01"/> contribution
selfemployed		physician	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1062.87"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="490.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Gregoris Nunez

Mailing Address 1604 East Eight suite b

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 ▼ 1154.30

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8554

Amount of Each Receipt this Period 91.43

contribution

B. Full Name (Last, First, Middle Initial)
Armando Osio

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8278

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Armando Osio

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8406

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 591.43

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

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

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

FOR LINE NUMBER: PAGE 85 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Armando Osio</p> <p>Mailing Address 600 Tulip</p> <p>City State Zip Code <u>mcallen</u> TX 78504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8555</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Fernando Otero</p> <p>Mailing Address 121 E. Quamasia #148</p> <p>City State Zip Code <u>mcallen</u> TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8279</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Fernando Otero</p> <p>Mailing Address 121 E. Quamasia #148</p> <p>City State Zip Code <u>mcallen</u> TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer selfemployed Occupation selfemployed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8405</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
--	--

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 86 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8556

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 525.00

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8280

Amount of Each Receipt this Period 75.00

contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 600.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8451

Amount of Each Receipt this Period 75.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 2305 Red River

City State Zip Code
mcallen TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8557

Amount of Each Receipt this Period
75.00

contribution

B.

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

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8281

Amount of Each Receipt this Period
250.00

contribution

C.

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

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8448

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **575.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8558

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 5508 N. Cynthia

City State Zip Code
McAllen TX 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 ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8282

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Ruben Pechero

Mailing Address 5508 N. Cynthia

City State Zip Code
McAllen TX 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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8392

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ruben Pechero

Mailing Address 5508 N. Cynthia

City State Zip Code
McAllen TX 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 ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8495

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer Self-employed Occupation
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
09 / 12 / 2008

Transaction ID: SA11AI.8490

Amount of Each Receipt this Period
150.00

contribution

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

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8285

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 127
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8434

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.8559

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8286

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation
private investor

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8432

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Juan Pena

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.8560

Amount of Each Receipt this Period

250.00

contribution

C.

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

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 856.43

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8287

Amount of Each Receipt this Period

109.01

contribution

SUBTOTAL of Receipts This Page (optional) ▶

609.01

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 92 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 965.44

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8456

Amount of Each Receipt this Period
109.01

contribution

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

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation
private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1048.49

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8462

Amount of Each Receipt this Period
83.05

contribution

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

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.57

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8288

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **442.06**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1978.57

Date of Receipt

M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8424

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2161.43

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8561

Amount of Each Receipt this Period

182.86

contribution

C.

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

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8289

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

682.86

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8425

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8562

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8290

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 95 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sergio Ramirez
Mailing Address 1608 Woods Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8438
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Sergio Ramirez
Mailing Address 1608 Woods Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8563
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Gustavo Ramos
Mailing Address 1301 S. Perking
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physicaian
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8291
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8437

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physicaian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.8564

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8292

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 97 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8433

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1500 Southland Drive

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.8565

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8295

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 98 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
William Restrepo
Mailing Address 1117 S. 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 ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8447
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
William Restrepo
Mailing Address 1117 S. 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 ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8566
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Homero Rivas
Mailing Address 100 E. Houston
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 ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8296
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.8446

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.8567

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: SA11AI.8297

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physcian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8445

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physcian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.8568

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.8298

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 127
	<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.	Full Name (Last, First, Middle Initial) Paulette Saca	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 109 Condor	Transaction ID: SA11AI.8444
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Paulette Saca	Date of Receipt MM / DD / YYYY 09 / 12 / 2008
	Mailing Address 109 Condor	Transaction ID: SA11AI.8569
	City State Zip Code mcallen TX 78504	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

C.	Full Name (Last, First, Middle Initial) Javier Saenz	Date of Receipt MM / DD / YYYY 07 / 11 / 2008
	Mailing Address 2308 Monaco Drive	Transaction ID: SA11AI.8299
	City State Zip Code mission TX 78574	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 2308 Monaco Drive		Transaction ID: SA11AI.8439
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 2308 Monaco Drive		Transaction ID: SA11AI.8571
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

C.

Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11AI.8300
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt MM / DD / YYYY 08 / 15 / 2008		
	Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11AI.8440		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed selfemployed	Occupation physician	Aggregate Year-to-Date 2000.00		

B.	Full Name (Last, First, Middle Initial) JJ Saenz		Date of Receipt MM / DD / YYYY 09 / 12 / 2008		
	Mailing Address 2400 S.E. Augusta Square		Transaction ID: SA11AI.8570		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer selfemployed selfemployed	Occupation physician	Aggregate Year-to-Date 2250.00		

C.	Full Name (Last, First, Middle Initial) Larry Safir		Date of Receipt MM / DD / YYYY 07 / 11 / 2008		
	Mailing Address 3300 S. 2nd suite 10		Transaction ID: SA11AI.8301		
	City mcallen	State TX	Zip Code 78503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		contribution		
	Name of Employer self-employed self-employed	Occupation private investor	Aggregate Year-to-Date 1750.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Larry Safir

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 ▼ 2000.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8443

Amount of Each Receipt this Period 250.00

contribution

B. Full Name (Last, First, Middle Initial)
Larry Safir

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 ▼ 2250.00

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8572

Amount of Each Receipt this Period 250.00

contribution

C. Full Name (Last, First, Middle Initial)
Elisa Garza Sanchez

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 ▼ 250.00

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8457

Amount of Each Receipt this Period 125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 625.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Elisa Garza Sanchez

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 ▼
375.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8487

Amount of Each Receipt this Period
125.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼
1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8307

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8431

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8573

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.01

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8305

Amount of Each Receipt this Period
218.01

contribution

C. Full Name (Last, First, Middle Initial)
Luis San Miguel

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 384.10

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8488

Amount of Each Receipt this Period
166.09

contribution

SUBTOTAL of Receipts This Page (optional) ► **634.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 127
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address P. O.Box 236

City State Zip Code
austin TX 78767

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 ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8308

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address P. O.Box 236

City State Zip Code
austin TX 78767

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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8442

Amount of Each Receipt this Period
250.00

contribution

C.

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

Mailing Address P. O.Box 236

City State Zip Code
austin TX 78767

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 ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8574

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 108 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8309

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8441

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8575

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 109 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8310

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8430

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8576

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Joel Solis</p> <p>Mailing Address 405 E. Avocet</p> <p>City State Zip Code Mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 975.65</p>	<p>Date of Receipt 07 / 11 / 2008</p> <p>Transaction ID: SA11AI.8314</p> <p>Amount of Each Receipt this Period 124.18</p> <p>contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Joel Solis</p> <p>Mailing Address 405 E. Avocet</p> <p>City State Zip Code Mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1099.83</p>	<p>Date of Receipt 08 / 15 / 2008</p> <p>Transaction ID: SA11AI.8365</p> <p>Amount of Each Receipt this Period 124.18</p> <p>contribution</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Joel Solis</p> <p>Mailing Address 405 E. Avocet</p> <p>City State Zip Code Mcallen TX 78501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1194.44</p>	<p>Date of Receipt 09 / 12 / 2008</p> <p>Transaction ID: SA11AI.8492</p> <p>Amount of Each Receipt this Period 94.61</p> <p>contribution</p>
---	---

SUBTOTAL of Receipts This Page (optional)	342.97
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 111 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alejandro Tey
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 ▼ 250.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8317
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Alejandro Tey
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 ▼ 500.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8459
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Tey
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 ▼ 750.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8485
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 112 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Trejo
 Mailing Address 112 S. Broadway
 City State Zip Code
mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Transaction ID: SA11AI.8316
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Jose Trejo
 Mailing Address 112 S. Broadway
 City State Zip Code
mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Transaction ID: SA11AI.8429
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Jose Trejo
 Mailing Address 112 S. Broadway
 City State Zip Code
mcallen TX 78501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Transaction ID: SA11AI.8577
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 127
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address 312 Thunderbird		Transaction ID: SA11AI.8318
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

B.

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 312 Thunderbird		Transaction ID: SA11AI.8428
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt MM / DD / YYYY 09 / 12 / 2008
Mailing Address 312 Thunderbird		Transaction ID: SA11AI.8587
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 11 / 2008

Transaction ID: SA11AI.8319

Amount of Each Receipt this Period
 250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer 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
 08 / 15 / 2008

Transaction ID: SA11AI.8427

Amount of Each Receipt this Period
 250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City 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 ▼ 2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 12 / 2008

Transaction ID: SA11AI.8588

Amount of Each Receipt this Period
 250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00
 Date of Receipt: 07 / 11 / 2008
Transaction ID: SA11AI.8253
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00
 Date of Receipt: 08 / 15 / 2008
Transaction ID: SA11AI.8401
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00
 Date of Receipt: 09 / 12 / 2008
Transaction ID: SA11AI.8586
 Amount of Each Receipt this Period: 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 116 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2008

Transaction ID: SA11AI.8320

Amount of Each Receipt this Period
125.00

contribution

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

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA11AI.8400

Amount of Each Receipt this Period
125.00

contribution

C. Full Name (Last, First, Middle Initial)
Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2008

Transaction ID: SA11AI.8585

Amount of Each Receipt this Period
125.00

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: PAGE 117 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.29

Date of Receipt 07 / 11 / 2008

Transaction ID: SA11AI.8322

Amount of Each Receipt this Period 146.79

contribution

B. Full Name (Last, First, Middle Initial)
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.08

Date of Receipt 08 / 15 / 2008

Transaction ID: SA11AI.8399

Amount of Each Receipt this Period 146.79

contribution

C. Full Name (Last, First, Middle Initial)
Rita Villanueva

Mailing Address 801 E. Nolana Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1411.91

Date of Receipt 09 / 12 / 2008

Transaction ID: SA11AI.8584

Amount of Each Receipt this Period 111.83

contribution

SUBTOTAL of Receipts This Page (optional) ► 405.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 127

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 942.86

Date of Receipt M M / D D / Y Y Y Y
07 / 11 / 2008

Transaction ID: SA11AI.8323

Amount of Each Receipt this Period 120.01

contribution

B.

Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1062.87

Date of Receipt M M / D D / Y Y Y Y
08 / 15 / 2008

Transaction ID: SA11AI.8398

Amount of Each Receipt this Period 120.01

contribution

C.

Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

FEC ID number of contributing federal political committee. C

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.30

Date of Receipt M M / D D / Y Y Y Y
09 / 12 / 2008

Transaction ID: SA11AI.8583

Amount of Each Receipt this Period 91.43

contribution

SUBTOTAL of Receipts This Page (optional) 331.45

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 119 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt
	Mailing Address 1117 Shallow apt 4		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8324
Name of Employer self-employed		Occupation private investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 1750.00	contribution

B.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt
	Mailing Address 1117 Shallow apt 4		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8397
Name of Employer self-employed		Occupation private investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2000.00	contribution

C.	Full Name (Last, First, Middle Initial) Raymond Walker		Date of Receipt
	Mailing Address 1117 Shallow apt 4		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8582
Name of Employer self-employed		Occupation private investor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 2250.00	contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 120 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
James Webb
 Mailing Address 312 Redbud
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 902.36
 Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8325
 Amount of Each Receipt this Period 114.85
 contribution

B. Full Name (Last, First, Middle Initial)
James Webb
 Mailing Address 312 Redbud
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1017.21
 Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8396
 Amount of Each Receipt this Period 114.85
 contribution

C. Full Name (Last, First, Middle Initial)
James Webb
 Mailing Address 312 Redbud
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation private investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1104.71
 Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8581
 Amount of Each Receipt this Period 87.50
 contribution

SUBTOTAL of Receipts This Page (optional) ► 317.20
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 121 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Patrick Wilcox
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 ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8326
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Patrick Wilcox
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 ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8395
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Patrick Wilcox
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 ▼ 2100.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8580
Amount of Each Receipt this Period 100.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8327
Name of Employer Self-employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	contribution

B.	Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 15 / 2008
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8393
Name of Employer Self-employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 400.00	contribution

C.	Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt
	Mailing Address 6905 N. Cynthia		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 12 / 2008
	City	State	Zip Code
	McAllen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8578
Name of Employer Self-employed		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 450.00	contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 123 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Hugo Zapata
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 ▼ 1750.00
Date of Receipt 07 / 11 / 2008
Transaction ID: SA11AI.8328
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Hugo Zapata
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 ▼ 2000.00
Date of Receipt 08 / 15 / 2008
Transaction ID: SA11AI.8394
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Hugo Zapata
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 ▼ 2250.00
Date of Receipt 09 / 12 / 2008
Transaction ID: SA11AI.8579
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) ▶ 77915.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 124 / 127

<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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) McAllen Country Club Mailing Address 615 Wichita City McAllen State TX Zip Code 78501 Purpose of Disbursement dinner meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8609 Date of Disbursement 09 / 25 / 2008
	Amount of Each Disbursement this Period 1484.64 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Peppers Mailing Address 4620 North 10th Street City McAllen State TX Zip Code 78504 Purpose of Disbursement luncheon meeting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8606 Date of Disbursement 09 / 04 / 2008
	Amount of Each Disbursement this Period 755.21 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ►

2239.85

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

2239.85

**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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN <hr/> Mailing Address P O BOX 811 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement contribution Candidate Name CITIZENS FOR HARKIN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.8603 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH <hr/> Mailing Address 228 S WASHINGTON STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement contribution Candidate Name FRIENDS OF GORDON SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00	Transaction ID: SB23.8608 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) HILL PAC <hr/> Mailing Address 1133 Connecticut Avenue, N.W. Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement contribution Candidate Name HILL PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.8600 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 126 / 127

<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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) IOWA DEMOCRATIC PARTY	Transaction ID: SB23.8601 Date of Disbursement
	Mailing Address 5661 Fleur Drive	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Des Moines State IA Zip Code 50321	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) IOWA DEMOCRATIC PARTY	Transaction ID: SB23.8602 Date of Disbursement
	Mailing Address 5661 Fleur Drive	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Des Moines State IA Zip Code 50321	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate	Transaction ID: SB23.8607 Date of Disbursement
	Mailing Address PO BOX 433	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City GREAT BEND State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution Candidate Name Pat Roberts for U S Senate	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

PAGE 127 / 127

<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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
CIRO D. RODRIGUEZ

Transaction ID: SB23.8599

Date of Disbursement

Mailing Address PO Box 14528

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

City State Zip Code
San Antonio TX 78214

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
contribution

011
Category/ Type

Candidate Name
CIRO D. RODRIGUEZ

Office Sought: House
 Senate
 President
State: TX District: 23

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

35000.00
