Image# 14961532169 PAGE 1 / 241

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
BORDER HEALTH FE	DERAL PAC	
ADDRESS (number and street)	612 W. Nolana Suite 340	
Check if different than previously reported. (ACC)	McAllen	TX 78504 -
2. FEC IDENTIFICATION NU	JMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00415752	3. IS THIS REPORT X (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (Y July 31 Mid-Year Report (Non-electio Year Only) (MY) Termination Report (TER)	PRE-Election Report for the: Convention (12P) Report for the: Convention (12C) Election on	S) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Sep 20 (M9) Pec 20 (M12) (Non-Election Year Only)
5. Covering Period 04	01 2014 through 06	30 2014
I certify that I have examined th Type or Print Name of Treasure	is Report and to the best of my knowledge and belief it is r Ernie Perez	true, correct and complete.
	Perez [Electronically Filed]	Date 07 09 2014
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

	OF RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)		Page 2
T 0 ''' N		

Write or Type Committee Name BORDER HEALTH FEDERAL PAC 01 2014 06 30 2014 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 687101.24 January 1, 2014 (b) Cash on Hand at 647243.93 Beginning of Reporting Period..... 264095.06 129854.56 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 777098.49 951196.30 6(a) and 6(c) for Column B)..... 98551.41 272649.22 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 678547.08 678547.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1800.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	400050.50	240000 50
(i) Itemized (use Schedule A)	120659.56	219889.56
(ii) Unitemized	9195.00	39205.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	129854.56	259095.06
(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)	129854.56	259095.06
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
Turty Commission	3.00	
All Loans Received	0.00	0.00
	7	
Loop Denouments Dessived	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	5000.00
Political Committees	0.00	3000.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	222
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(o) Total Transition (and Tota) and Tota))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	129854.56	264095.06
, ., ., ., ., ., ., ., ., ., ., ., ., .,	123004.30	25.555.55
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	129854.56	264095.06

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
1. Op (a)	perating Expenditures: Allocated Federal/Non-Federal Activity (from Schodule H4)	Total Tillo I ollow	Culcindal Teal-to-Date
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) Federal Share	7	
	(ii) Non-Federal Share	0.00	0.00
(b)) Other Federal Operating		
	Expenditures	34685.27	123783.08
(c)			
_	(add 21(a)(i), (a)(ii), and (b))▶	34685.27	123783.08
	ansfers to Affiliated/Other Party	0.00	0.00
Co	ommitteesontributions to	0.00	0.00
an	ederal Candidates/Committees and Other Political Committees	30000.00	115000.00
	dependent Expenditures	0.00	0.00
. Co	se Schedule E)	0.00	0.00
(2	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
(u	se Scriedule F)	9 9	0.00
Ιo	pan Repayments Made	0.00	0.00
	an Hopeymonic Mado		
Lo	pans Made	0.00	0.00
Re (a	efunds of Contributions To:) Individuals/Persons Other		
(a	Than Political Committees	0.00	0.00
	i		
(b)	•	0.00	0.00
(c)			0.00
	(such as PACs)	0.00	0.00
(ď) Total Contribution Refunds		
(0)	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(333 2)		4
Ot	ther Disbursements	33866.14	33866.14
	L.		7
Fe	ederal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	. `_'	7	9 9
(D)	With Federal Funds	0.00	0.00
(c)		7	
(-)	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
То	tal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	98551.41	272649.22
	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	00554.44	070040.00
tro	om Line 31)	98551.41	272649.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans)	10005 1 50	
(from Line 11(d), page 3)	129854.56	259095.06
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans)	129854.56	259095.06
(subtract Line 34 from Line 33)	4 4	
(add Line 21(a)(i) and Line 21(b)) ▶	34685.27	123783.08
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	34685.27	123783.08

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

FOR LINE NUMBER:						PAGE		6	OF		241
l	(check only one)										
l	×	11a		11b		11c		12	2		
l		13		14		15		16	6		17

or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25450 Amount of Each Receipt this Period 125.00 contribution
selfemployed Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3	Date of Receipt 05 15 2014	
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25794 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 625.00	contribution
Full Name (Last, First, Middle Initial) Dr. Ziad Abdeen Mailing Address 809-A Savannah #3 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	TX 78504 C Occupation private investor Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 125.00 contribution
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	750.00	375.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:					PAGE		7	OF		241
(check only one)										
>	1 1a		11b		11c		12	2		
	13		14		15		16	6		17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25452
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	riggiogato Teal-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	05 15 2014 Transaction ID : \$A11A1 25796
mission	TX 78572	Transaction ID : SA11AI.25796 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 1619 hertiage lane		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26140
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional	l) >	750.00
	·	
TOTAL This Period (last page this line num	ber only)	

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

FOR LINE	-	: PAGE	E 8 OF	241					
(check only one)									
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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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
Α.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M / 16 2014 Transaction ID: SA11Al.25453 Amount of Each Receipt this Period 150.00 contribution
3.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M
C.	Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	>	450.00
T	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:					PAGE		9	OF	- 1	241
(check only one)										
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	13		14		15		16	6		17

or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Ruben Abreu Mailing Address 104 augusta square City mcallen	State Zip Code TX 78503	Date of Receipt O4 16 2014 Transaction ID: SA11Al.25454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	250.00 contribution
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID : SA11AI.25798
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	TX 78503 C Occupation physician	Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) Other (specify)	TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	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	r only)	

	FO	R LINE	NU	IMBER	:	PAGE	•	10 OF	=	24
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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		717

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) 1. Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25455
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		05 15 _2014 _
City	State Zip Code	Transaction ID : SA11AI.25799
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) C. Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		06 13 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26143
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	750.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line num	ber only)	

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

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(check only one)										
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen FEC ID number of contributing	State Zip Code TX 78501	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25458 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date 1000.00	contribution
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Transaction ID : SA11AI.25802 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1500.00	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	r only)	

FOR LINE NUMBER: PAGE 12 OF 241 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC	
Δ.	Full Name (Last, First, Middle Initial) Dr. Hillary Almedia Mailing Address 900 E. Vermont City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Dr. Hillary Almedia Mailing Address 900 E. Vermont City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt 05
O.	Full Name (Last, First, Middle Initial) Dr. Hillary Almedia Mailing Address 900 E. Vermont City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	UBTOTAL of Receipts This Page (optional)	<u>r</u>	225.00
Т	OTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25461
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael Amyx	1	Date of Receipt
Mailing Address 2108 Mynah		05 15 _2014 _
City	State Zip Code	Transaction ID : SA11AI.25805
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)		D. (D.)
Michael Amyx		Date of Receipt
Mailing Address 2108 Mynah		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26149
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)) >	750.00

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

FC	OR LINE	PAGE	. 1	14	OF		241			
(cł	(check only one)									
	X 11a	11b		11c		12				
	13	14		15		16	;		17	

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.25462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario Mailing Address 2805 Santa Erica		Date of Receipt 05 15 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.25806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed	Occupation physicain	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jumar B. Apolinario		Date of Receipt
Mailing Address 2805 Santa Erica	7. 6.	06 13 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.26150 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 600.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	300.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) for each category of the (check only one) X 11a 11b 11c Detailed Summary Page 13 14 15

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12

16

1	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	•	o colon communicación communicación
A. _	Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
_	·	Otale 7's Ocale	05 15 2014
	City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25807
F	FEC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer	Occupation	- contribution
	selfemployed	physician	_
ŀ	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В	Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino		Date of Receipt
N	Mailing Address 112 E. Xenops		06 13 _ 2014 _
	Dity	State Zip Code	Transaction ID : SA11AI.26151
_	Mcallen	TX 78504	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C	50.00
S	Name of Employer selfemployed	Occupation physician	- contribution
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dario Arango		Date of Receipt
_	Mailing Address 7004 N. Cynthia		04 16 2014
	Dity mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25464 Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С	250.00
Ī	Name of Employer	_ contribution	
	selfemployed	physician	
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
su	BTOTAL of Receipts This Page (optional)	>	350.00

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
Dario Arango Mailing Address 7004 N. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26152 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee - PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Daisy Arce Mailing Address 129 Bluebird City Mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 13 2014 Transaction ID: SA11Al.26153 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Julio Arias-Viaud Mailing Address 2600 Santa Paula City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Julio Arias-Viaud Mailing Address 2600 Santa Paula City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	·····	250.00

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400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Pedro Arrazola Date of Receipt Mailing Address 5114 N. 10th Street 05 15 2014 City State Zip Code Transaction ID: SA11AI.25812 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General

500.00

Primary

Other (specify)

General

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Pedro Arrazola Mailing Address 5114 N. 10th Street		Date of Receipt
	City McAllen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11AI.26156 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 600.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brownsville FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78526 C Occupation physician	Transaction ID: SA11AI.25469 Amount of Each Receipt this Period 100.00 contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
C.	Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID: SA11AI.25813
	Brownsville FEC ID number of contributing federal political committee. Name of Employer	TX 78526 C Occupation	Amount of Each Receipt this Period 100.00 contribution
	selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
т	OTAL This Period (last page this line number of	only)	

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	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Danilo Asase Mailing Address 5216 Kensington Lane		Date of Receipt
		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26157
Brownsville	TX 78526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores		Date of Receipt
Mailing Address 2222 La Condesa Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	04 16 2014
Edinburg	TX 78539	Transaction ID : SA11AI.25470 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	75.00
Name of Employer	Occupation	- contribution
selfemployed	private investor	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) General	300.00	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores		Date of Receipt
Mailing Address 2222 La Condesa Drive		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25814
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	375.00	
Other (specify) ▼	3/5.00	
SUBTOTAL of Receipts This Page (options	al)	250.00
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or for commercial purposes, other than using the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC	
Full Name (Last, First, Middle Initial) Dr. Marilyn Assistores Mailing Address 2222 La Condesa Drive City State Zip Code Edinburg TX 78539	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Occupation private investor Aggregate Year-to-Date ▼ 450.00	75.00 contribution
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street	Date of Receipt 04 16 2014
City State Zip Code Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer self-employed doctor Receipt For: Primary General Other (specify) ▼ State Zip Code TX 78596 C Aggregate Year-to-Date ▼	Transaction ID : SA11Al.25472 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street City State Zip Code Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer Occupation	Date of Receipt 05
self-employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	575.00
TOTAL This Period (last page this line number only)	010.00

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Felipe Avila Date of Receipt Mailing Address 104 W. 20th Street 2014 13 City State Zip Code Transaction ID: SA11AI.26160 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Wilfredo Aviles Date of Receipt Mailing Address 2600 Wildwood 05 15 2014 City State Zip Code Transaction ID: SA11AI.25817 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Wilfredo Aviles Date of Receipt Mailing Address 2600 Wildwood 2014 06 13 Zip Code City State Transaction ID: SA11AI.26161 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using t	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		04 16 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.25474
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Roberto A, Ayers		Date of Receipt
Mailing Address 1900 S. Jackson #7		M = M / D = D / Y = Y = Y
City	State 7to Code	05 15 2014
City McAllen	State Zip Code	Transaction ID : SA11AI.25818
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Roberto A, Ayers	_1	Date of Receipt
Mailing Address 1900 S. Jackson #7		Date of Receipt M
City	State Zip Code	13 2014 Transaction ID : SA11Al.26162
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
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Full Name (Last, First, Middle Initial) Murphy Badiga Maling Address 1503 S. Airport solf-ederal political committee. Fig. ID number of contributing federal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Murphy Badiga Maling Address 1503 S. Airport Sulf-ederal political committee. City State Zip Code TX 78596 Fell Name (Last, First, Middle Initial) Murphy Badiga Maling Address 1503 S. Airport Sulf-ederal political committee. City State Zip Code TX 78596 FEC ID number of contributing federal political committee. Coccupation Physician Feecipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Transaction ID: SA11AL25819 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AL25819 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11AL25819 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AL25819 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11AL25819 Amount of Each Receipt this Period Contribution Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution Date of Receipt Amount of Each Receipt this Period Contribution Contribution	NAME OF COMMITTEE (In Full)	ne name and address of any political committee	to solicit contributions from such committee.
Mailing Address 1503 S. Airport suite 6 City weslaco TX 78596 FEC ID number of contributing federal political committee. City Weslaco TX 78596 City Primary General City State State Typ Code TX 78596 City Primary Seneral City Primary General City State Primary General City Primary General City Primary General City State Primary General City State Typ Code TX 78596 Amount of Each Receipt this Period Contribution	/	PAC	
Receipt For: Primary General Aggregate Year-to-Date ▼	Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing	TX 78596	04 16 2014 Transaction ID: SA11Al.25475 Amount of Each Receipt this Period 400.00
Multing Address 1503 S. Airport suite 6 City weslaco TX 78596 FEC ID number of contributing federal political committee. City Primary Other (specify) ▼ State City Aggregate Year-to-Date City State TX 78596 City Aggregate Year-to-Date City State TX 78596 Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period City Transaction ID: SA11Al.26163 Amount of Each Receipt this Period Contribution Contribution Date of Receipt Transaction ID: SA11Al.25819 Amount of Each Receipt this Period Contribution Amount of Each Receipt this Period Contribution Amount of Each Receipt this Period Contribution Amount of Each Receipt this Period Amount of Each Receipt this Period Contribution	self-employed Receipt For: Primary General	physician Aggregate Year-to-Date ▼ 1600.00	contribution
Multing Address 1503 S. Airport suite 6 City State Zip Code Transaction ID : SA11Al.26163 Weslaco TX 78596 FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M M D D D D D D D D D D D D D D D	Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼	05 15 2014 Transaction ID : SA11Al.25819 Amount of Each Receipt this Period 400.00
SUBTOTAL of Receipts This Page (optional)	Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78596 C Occupation physician Aggregate Year-to-Date ▼	06 13 2014 Transaction ID: SA11AI.26163 Amount of Each Receipt this Period 400.00
	SUBTOTAL of Receipts This Page (optional)		1200.00

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Cayetano Barrera Mailing Address 504 Markinghing Lage		Date of Receipt
Mailing Address 501 Mockingbird Lane		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25820
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Cayetano Barrera		Date of Receipt
Mailing Address 501 Mockingbird Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	06 13 2014 Transaction ID : SA11Al.26164
mcallen	TX 78501	Amount of Each Receipt this Period
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FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera	·	Date of Receipt
Mailing Address 3000 Yellowhammer		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25477
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	225.00
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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 625.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 750.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 16 2014 Transaction ID: SA11AI.25478 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	500.00
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio		Date of Receipt
City mission	State Zip Code TX 78572	05 15 2014 Transaction ID : SA11AI.25822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio		Date of Receipt 06 13 2014
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.26166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara		Date of Receipt
Mailing Address 121 Cardinal	Charles	04 16 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25480 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	- contribution
SUBTOTAL of Receipts This Page (optional)		900.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt Mark 15
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Yuri Bermudez Mailing Address P.O.Box 1125 City Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	_	850.00
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Yuri Bermudez Mailing Address P.O.Box 1125		Date of Receipt
City Pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.26169 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation private investor	50.00 contribution
selfemployed Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt 04 16 2014
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.25482 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana		Date of Receipt 05 15 2014
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.25826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	_ contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00
TOTAL This Period (last page this line numb	er orny)	

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 06 13 2014 Transaction ID: SA11Al.26170 Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	04 16 2014 Transaction ID : SA11AI.25483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address, 7007 NAVI Last	•	Date of Receipt
Mailing Address 7007 N 1st Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.25827 Amount of Each Receipt this Period 250.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numb		

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

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26171
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt 04 162014
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.25484 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Francisco Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.25828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	r only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt
City	State Zip Code	06 13 2014 Transaction ID : SA11AI.26172
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt
City	State Zip Code	05 15 2014 Transaction ID : SA11AI 25829
Mission	TX 78572	Transaction ID : SA11AI.25829 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Yvonne Bracamontes		Date of Receipt
Mailing Address 2005 Cimarron Court		06 13 / Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.26173 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Erasto Canales Date of Receipt Mailing Address 105 Bluebird 04 2014 16 City State Zip Code Transaction ID: SA11AI.25487 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Erasto Canales Date of Receipt Mailing Address 105 Bluebird 05 15 2014 City State Zip Code Transaction ID: SA11AI.25831 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Erasto Canales Date of Receipt Mailing Address 105 Bluebird 06 13 2014 City Zip Code State Transaction ID: SA11AI.26175 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the name and a	address of any political comm	mittee to solicit contribution	is from such committee.	

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Ricardo Canales Mailing Address 408 Marigold City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation private investor Aggregate Year-to-Date ▼ 1600.00	Date of Receipt O4 16 2014 Transaction ID: SA11AI.25490 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	05 15 2014 Transaction ID : SA11AI.25834 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673	Chate Tip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.26178 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2400.00	contribution
Full Name (Last, First, Middle Initial) Dr. Leonel Cantu Mailing Address 2102 Deborah City	State Zip Code	Date of Receipt M
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 50.00
Name of Employer Self employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	. contribution
SUBTOTAL of Receipts This Page (optional).	>	850.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F		
Full Name (Last, First, Middle Initial) Or. Leonel Cantu Mailing Address 2102 Deborah		Date of Receipt
City Edinburg FEC ID number of contributing	State Zip Code TX 78539	06 13 2014 Transaction ID : SA11AI.26180 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood		Date of Receipt
City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employee	State Zip Code TX 78577 C Occupation private investor	7 Transaction ID : SA11AI.25837 Amount of Each Receipt this Period 50.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Melissa Cantu Mailing Address 1201 S. Gumwood City Pharr FEC ID number of contributing	State Zip Code TX 78577	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26181 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number of	<u>_</u> _	

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	y or	ne) 11b 14		11c 15		12 16		17
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Joseph Caporusso Date of Receipt Mailing Address 217 E. Yellowhammer 04 2014 16 City State Zip Code Transaction ID: SA11AI.25495 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Joseph Caporusso Date of Receipt Mailing Address 217 E. Yellowhammer 05 15 2014 City State Zip Code Transaction ID: SA11AI.25839 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Joseph Caporusso Date of Receipt Mailing Address 217 E. Yellowhammer 2014 06 13 City State Zip Code Transaction ID: SA11AI.26183 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed	State Zip Code TX 78501 C Occupation physician	Transaction ID : SA11AI.25496 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.25840 Amount of Each Receipt this Period 400.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer	TX 78501 C Occupation	Amount of Each Receipt this Period 400.00 contribution
self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Marissa Castaneda Date of Receipt Mailing Address 5021 Elk Lane 2014 15 City State Zip Code Transaction ID: SA11AI.25841 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marissa Castaneda Date of Receipt Mailing Address 5021 Elk Lane 2014 06 13 City State Zip Code Transaction ID: SA11AI.26185 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Augusto Castrillon Date of Receipt Mailing Address 223 Rio Grande Drive 2014 04 16 City Zip Code State Transaction ID: SA11AI.25499 TX mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician

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SUBTOTAL of Receipts This Page (optional)	ь		-	7	-	-	7	-		50.00	_	4
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1000.00

Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify)

General

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
City mission	State Zip Code TX 78572	05 15 2014 Transaction ID : SA11AI.25843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
City mission	State Zip Code TX 78572	06 13 2014 Transaction ID : SA11Al.26187 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.25500 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		625.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt
City	State Zip Code TX 78572	05 15 2014 Transaction ID : SA11AI.25844 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	125.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road		Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26188 Amount of Each Receipt this Period 125.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City	State Zip Code	Date of Receipt 04 16 2014 Transaction ID: SA11Al.25501
weslaco FEC ID number of contributing federal political committee.	TX 78591	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	<u> </u>	650.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I		
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 1450.00	Date of Receipt 05
R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 1850.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26189 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite 7 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	>	900.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street sui	te 7	Date of Receipt
City	State Zip Code	05 15 2014
McAllen	TX 78503	Transaction ID : SA11AI.25847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Virah Cooper Mailing Address 4994 9 with 5th Charles and 1994 1995 1994 1995 1994 1995 1995 1995	1	Date of Receipt
Mailing Address 1801 South 5th Street suit	te /	06 13 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26191
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery		Date of Possint
Mailing Address 2301 Solera Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	04 16 2014 Transaction ID : SA11AI.25503
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	ı) >	325.00
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	ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive	Date of Receipt 05 15 2014			
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.25848 Amount of Each Receipt this Period 125.00		
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 625.00	contribution		
Full Name (Last, First, Middle Initial) Dr. Donna Cooper-Dockery Mailing Address 2301 Solera Drive	Date of Receipt 06 13 2014			
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26192 Amount of Each Receipt this Period 125.00		
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution		
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive City	State Zip Code	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25505		
McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 100.00 contribution		
SUBTOTAL of Receipts This Page (optional)	•	350.00		
TOTAL This Period (last page this line numbe	r only)			

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address 4101 South Burns Drive	Date of Receipt			
City McAllen	State Zip Code TX 78503	05 15 2014 Transaction ID : SA11AI.25850 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution		
Full Name (Last, First, Middle Initial) 3. Dr. Oscar Cortez Mailing Address 4101 South Burns Drive	Date of Receipt 06 13 2014			
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.26194 Amount of Each Receipt this Period 100.00		
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution		
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
mcallen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.25506 Amount of Each Receipt this Period 200.00		
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	400.00		
TOTAL This Period (last page this line number	only)			

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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC				
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane	Date of Receipt				
City mcallen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.25851 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer self-employed Receipt For:	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane	Date of Receipt 06 13 2014				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26195 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00				
Full Name (Last, First, Middle Initial) Guillermo Cortinas		Date of Receipt			
Mailing Address 1224 Northgate Lane		05 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25852 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution			
SUBTOTAL of Receipts This Page (optional)		450.00			
TOTAL This Period (last page this line number	er only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Guillermo Cortinas Mailing Address 1224 Northgate Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 06 13 2014 Transaction ID: SA11Al.26196 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25508 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL				
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate	Date of Receipt			
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.26197 Amount of Each Receipt this Period		
federal political committee. Name of Employer	Occupation	250.00 contribution		
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00			
Full Name (Last, First, Middle Initial) 3. Dr. Hildegardo Costa Mailing Address 129 Bluebird	Date of Receipt 05 15 2014			
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25854 Amount of Each Receipt this Period 50.00		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution		
Other (specify) ▼ Full Name (Last, First, Middle Initial)	, 250.00			
Dr. Hildegardo Costa Mailing Address 129 Bluebird		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26198 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	. contribution		
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	<u> </u>	350.00		
TOTAL This Period (last page this line number	er only)			

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City	James Darling Mailing Address 1225 E Peking					
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation private investor Aggregate Year-to-Date ▼ 600.00	Transaction ID : SA11AI.25510 Amount of Each Receipt this Period 150.00 contribution				
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 750.00	Date of Receipt M				
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 900.00	Date of Receipt M				
SUBTOTAL of Receipts This Page (optional).	>	450.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) A. David Deanda Mailing Address 2408 Dorado City mission	David Deanda Mailing Address 2408 Dorado City State Zip Code mission TX 78574 FEC ID number of contributing					
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1000.00	250.00 contribution				
Full Name (Last, First, Middle Initial) 3. David Deanda Mailing Address 2408 Dorado City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID: SA11Al.25856				
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	TX 78574 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Amount of Each Receipt this Period 250.00 contribution				
Full Name (Last, First, Middle Initial) David Deanda Mailing Address 2408 Dorado City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation private investor Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M				
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00				
TOTAL This Period (last page this line number	er only)					

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza Mailing Address 708 South H Street City McAllen	State Zip Code TX 78501	Date of Receipt 05
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Andrew De La Garza Mailing Address 708 South H Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor City mcallen FEC ID number of contributing	State Zip Code TX 78504	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25513 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11Al.25858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) 3. Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th	0	04 16 / Y = Y = Y = Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC					
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th		Date of Receipt				
	Chata 7'- O '	05 15 2014				
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25861				
FEC ID number of contributing federal political committee.	C 78504	Amount of Each Receipt this Period				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00					
Full Name (Last, First, Middle Initial) 3. Luis Delgado Jr. Mailing Address 5128 N. 10th		Date of Receipt				
Mailing Address 5128 N. 10th City Mcallen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11Al.26206 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00 contribution				
Name of Employer selfemployed	Occupation physician	Contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00					
Full Name (Last, First, Middle Initial) Dr. Parul Desai		Date of Receipt				
Mailing Address 7004 North 1st		04 16 2014				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25517 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (optional)		400.00				
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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.25862 Amount of Each Receipt this Period 100.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Parul Desai Mailing Address 7004 North 1st		Date of Receipt 06 13 2014
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26207 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st	Chata Zin Cada	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.25864 Amount of Each Receipt this Period 50.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	l)	250.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial) Dr. Satish D. Desai Mailing Address 7004 North 1st		Date of Receipt				
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26208 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution				
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.25520 Amount of Each Receipt this Period				
federal political committee. Name of Employer selfemployed	Occupation physician	250.00 contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt				
City mission	State Zip Code TX 78572	05 15 2014 Transaction ID : SA11Al.25866 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00					
SUBTOTAL of Receipts This Page (optional).	<u> </u>	550.00				
TOTAL This Period (last page this line number	er only)					

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	ne name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo	Alberto Duran					
City mission	State Zip Code TX 78572	06 13 2014 Transaction ID : SA11Al.26210 Amount of Each Propint this Period				
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Kotthegal Eshwar Mailing Address 108 Yellow Hammer		Date of Receipt				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25868 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) . Kotthegal Eshwar		Date of Receipt				
Mailing Address 108 Yellow Hammer		06 13 / Y=Y=Y=Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26212 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution				
SUBTOTAL of Receipts This Page (optional)		350.00				
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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca	Antonio Esparza					
City mcallent	State Zip Code TX 78504	04 16 2014 Transaction ID : SA11AI.25523 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt				
City mcallent	State Zip Code TX 78504	7 Transaction ID : SA11AI.25869 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) Antonio Esparza		Date of Receipt				
Mailing Address 136 W. Yucca		06 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallent	State Zip Code TX 78504	Transaction ID : SA11AI.26213 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution				
SUBTOTAL of Receipts This Page (optional).		750.00				
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road		Date of Receipt
City rio grande city	State Zip Code TX 78582	04 16 2014 Transaction ID : SA11AI.25525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 contribution
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Antonio Falcon Mailing Address 2768 Pharmacy Road	Choto 77-0	Date of Receipt 05 15 2014
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.25871 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Antonio Falcon Mailing Address 2768 Pharmacy Road City	State Zip Code	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City mcallen	State Zip Code TX 78504	Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID: SA11AL 25972
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.25872 Amount of Each Receipt this Period 250.00 contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe	r only)	

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

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101	Dr. Alexander Feigl					
City McAllen FEC ID number of contributing	State Zip Code TX 78503	04 16 2014 Transaction ID : SA11AI.25527 Amount of Each Receipt this Period				
federal political committee. Name of Employer	Occupation	250.00 contribution				
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) 3. Dr. Alexander Feigl Mailing Address 110 E. Savannah #101	Date of Receipt 05 15 2014					
City McAllen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.25873 Amount of Each Receipt this Period				
federal political committee. Name of Employer	Occupation	250.00 contribution				
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) Dr. Alexander Feigl Mailing Address 110 E. Savannah #101		Date of Receipt				
City McAllen	State Zip Code TX 78503	06 13 2014 Transaction ID : SA11AI.26217 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00 contribution				
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼					
Other (specify) ▼	1500.00					
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line number	r only)					

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC					
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose	Marco Flores					
City mcallen	State Zip Code TX 78504	04 16 2014 Transaction ID : SA11AI.25528 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C 76504	Amount of Each Receipt this Period 250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose		Date of Receipt				
City mcallen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.25874 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) . Marco Flores		Date of Receipt				
Mailing Address 320 Primrose		06 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26218 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution				
SUBTOTAL of Receipts This Page (optional).		750.00				
TOTAL This Period (last page this line number	er only)					

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

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	ne name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court	Mr. Raymond Franklin		
City McAllen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.25877 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer selfemployed	Occupation private investor	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Mr. Raymond Franklin Mailing Address 3212 Nightingale Court	Mr. Raymond Franklin		
City McAllen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11AI.26221 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	50.00	
Name of Employer selfemployed	Occupation private investor	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Eugenio Galindo		Date of Receipt	
Mailing Address 5936 N. Cynthia	04-11	04 16 / Y = Y = Y = Y = Y	
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25532 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	. contribution	
SUBTOTAL of Receipts This Page (optional)		500.00	
TOTAL This Period (last page this line number	r only)		

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC				
Full Name (Last, First, Middle Initial) Eugenio Galindo	Eugenio Galindo				
Mailing Address 5936 N. Cynthia		05 15 7 9 9 9 9			
City	State Zip Code	Transaction ID : SA11AI.25878			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼	7			
Primary General	00 0				
Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial) 3. Eugenio Galindo		Date of Receipt			
Mailing Address 5936 N. Cynthia		06 13 _2014 _			
City	Transaction ID : SA11AI.26222				
mcallen	State Zip Code TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing		T			
federal political committee.	C	400.00			
	Occupation	contribution			
Name of Employer self-employed	Occupation				
Receipt For:	physician	_			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	2400.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address 2800 Santa Teresa		04 16 2014			
City	State Zip Code	Transaction ID : SA11AI.25533			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer	Name of Employer Occupation				
self-employed	1, 7				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	1000.00				
SUBTOTAL of Receipts This Page (optional	al)	1050.00			
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TOTAL This Period (last page this line num	mber only)				

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	he name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa	Elvin Garcia Mailing Address 2800 Santa Teresa City State Zip Code		
City			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
Name of Employer self-employed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa	Date of Receipt		
City mission	State Zip Code TX 78572	06 13 2014	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer self-employed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
Full Name (Last, First, Middle Initial) Hiram Garcia		Date of Receipt	
Mailing Address 2712 E Mile 5 Road		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Mission	State Zip Code TX 78574	Transaction ID : SA11AI.25534 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	250.00	
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	- contribution	
SUBTOTAL of Receipts This Page (optional)		750.00	
TOTAL This Period (last page this line number	r only)		

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

FOR LINE NUMBER:			: PAGE	65 OF	241
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	the name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC		
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road	Hiram Garcia Mailing Address 2712 E Mile 5 Road City State Zip Code		
City			
Mission FEC ID number of contributing	TX 78574	Amount of Each Receipt this Period	
federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	- contribution	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1250.00		
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road	Hiram Garcia		
City Mission	State Zip Code TX 78574	Transaction ID : SA11Al.26224 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer selfemployed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt	
Mailing Address 1717 Palazzo		04 16 2014	
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.25538 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		
SUBTOTAL of Receipts This Page (optional)	>	900.00	
TOTAL This Period (last page this line number	er only)		

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25883
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt
Mailing Address 1717 Palazzo		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26227
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia		Date of Receipt
Mailing Address 6108 North 5th Street		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25540
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	self-employed physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)) >	900.00
TOTAL This Period (last page this line numb	per only)	

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

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	ne name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC		
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street	Dr. Ricardo Garcia		
City McAllen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11Al.25885 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Ricardo Garcia Mailing Address 6108 North 5th Street	Date of Receipt		
City McAllen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11AI.26229 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer self-employed	Occupation physician	contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		
Full Name (Last, First, Middle Initial) Dr. Samuel Garcia		Date of Receipt	
Mailing Address 137 E. Guardenia		04 16 / Y = Y = Y = Y = Y	
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.25541 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	100.00	
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution	
SUBTOTAL of Receipts This Page (optional)		300.00	
TOTAL This Period (last page this line numbe	r only)		

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\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt
	City McAllen	State Zip Code TX 78501	05 15 2014 Transaction ID : SA11AI.25886
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
	Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
В.	Full Name (Last, First, Middle Initial) Dr. Samuel Garcia Mailing Address 137 E. Guardenia		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.26230 Amount of Each Receipt this Period 100.00
	Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
C.	Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240 City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00 contribution
	Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
S	SUBTOTAL of Receipts This Page (optional)		450.00
Т	OTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240		Date of Receipt 05 15 2014
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25888 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu Mailing Address 4121 N. 10th #240		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. James Garza		Date of Receipt
Mailing Address 2821 Lakeshore Drive		04 16 / Y = Y = Y = Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.25546 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	. contribution
SUBTOTAL of Receipts This Page (optional)		900.00
TOTAL This Period (last page this line number	er only)	

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or		name and address of any political committee to	
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt
	City Edinburg	05 15 2014 Transaction ID : SA11AI.25891 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	400.00 contribution
	Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	CONTINUEDIT
	Other (specify) ▼	2000.00	
В.	Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Edinburg FEC ID number of contributing	State Zip Code TX 78539	Transaction ID : SA11AI.26235 Amount of Each Receipt this Period 400.00
	federal political committee. Name of Employer self-employed	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
c.	Full Name (Last, First, Middle Initial) Dr. Martin Garza Mailing Address P.O. Box 180		Date of Receipt
	City	State Zip Code TX 78563	05 15 2014 Transaction ID : SA11Al.25892
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
	Other (specify)	250.00	
S	SUBTOTAL of Receipts This Page (optional)	>	850.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Martin Garza Mailing Address P.O. Box 180		Date of Receipt
City Linn	State Zip Code TX 78563	06 13 2014 Transaction ID : SA11AI.26236 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25548 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1600.00	contribution
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25893 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2000.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	850.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial) A. Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt					
City	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11Al.26237					
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00					
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 2400.00	contribution					
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City	State Zip Code	Date of Receipt 04 16 2014					
Palmhurst FEC ID number of contributing federal political committee.	TX 78539	Transaction ID : SA11AI.25544 Amount of Each Receipt this Period 125.00					
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 500.00	contribution					
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North	State 7:0 Code	Date of Receipt 05 15 2014					
City Palmhurst FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Amount of Each Receipt this Period 125.00					
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 625.00	contribution					
SUBTOTAL of Receipts This Page (optional)	•	650.00					
TOTAL This Period (last page this line number	only)						

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	PAC	
A.	Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North City Palmhurst FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation self-employee physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.25549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
	Other (specify) ▼	400.00	
C.	Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.25895 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer	Occupation	contribution
	self-employed Receipt For:	physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
S	SUBTOTAL of Receipts This Page (optional)		325.00
Т	TOTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Jesus Garza-Tamez Mailing Address 1400 W. Gardenia		Date of Receipt
City McAllen	State Zip Code TX 78501	06 13 2014 Transaction ID : SA11AI.26239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.25550 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1600.00	
Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive		Date of Receipt 05 15 2014
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.25896 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	- CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)	<u> </u>	900.00
TOTAL This Period (last page this line number	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Lawrence Gelman Date of Receipt Mailing Address 3900 Sundown Drive 2014 06 13 City State Zip Code Transaction ID: SA11AI.26240 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Sathiyaraj George Date of Receipt Mailing Address 2607 Solera 04 16 2014 City State Zip Code Transaction ID: SA11AI.25551 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Sathiyaraj George Date of Receipt Mailing Address 2607 Solera 05 15 2014 City Zip Code State Transaction ID: SA11AI.25897 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional).....

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Sathiyaraj George Date of Receipt Mailing Address 2607 Solera 2014 06 City State Zip Code Transaction ID: SA11AI.26241 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Richard Gillett Date of Receipt Mailing Address 54 South 10th 04 16 2014 City State Zip Code Transaction ID: SA11AI.25553 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General

	,	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett		Date of Receipt
Mailing Address 54 South 10th		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25899
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	

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

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400.00

450.00

C.

Other (specify)

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Richard Gillett Mailing Address 54 South 10th City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: □ Primary □ General □ Other (specify) ▼	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / 16 2014 Transaction ID: SA11AI.25554 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alvaro Giraldo Mailing Address 106 W. Flamingo City mcallen	State Zip Code TX 78504	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 600.00	100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square City McAllen	State Zip Code TX 78503	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 250.00	50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Felipe Gomez Mailing Address 2401 SE Augusta Square City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 06 13 2014 Transaction ID : SA11AI.26245 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	300.00	200.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez Mailing Address 113 Canary		Date of Receipt			
City	State Zip Code	04 16 2014 Transaction ID : SA11Al.25556			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name (Last, First, Middle Initial) 3. Dr. Juan Pablo Gomez Mailing Address 443 Cooper		Date of Receipt			
Mailing Address 113 Canary City	City State Zip Code				
McAllen	TX 78504	Transaction ID : SA11AI.25902 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	200.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) Dr. Juan Pablo Gomez		Date of Receipt			
Mailing Address 113 Canary		06 13 2014			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26246 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00				
SUBTOTAL of Receipts This Page (optional)		600.00			
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12 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Mr. Marco Gomez Date of Receipt Mailing Address 2705 Biltmore 2014 06 13 City State Zip Code Transaction ID: SA11AI.26486 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ada Gonzalez Date of Receipt Mailing Address P.O. Box 9817 04 16 2014 City State Zip Code Transaction ID: SA11AI.25561 TX alamo 78516 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ada Gonzalez Date of Receipt Mailing Address P.O. Box 9817 05 15 2014 City Zip Code State Transaction ID: SA11AI.25907 TX

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375.00

78516

С

Occupation

private investor

Aggregate Year-to-Date ▼

75.00

Amount of Each Receipt this Period

contribution

alamo

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

selfemployed

Receipt For:

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt
City	State Zip Code TX 78516	06 13 2014 Transaction ID : SA11AI.26250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	75.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.25909 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Alfredo Gonzalez Mailing Address 2305 Monaco Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing	State Zip Code TX 78574	Transaction ID : SA11AI.26252 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	50.00 contribution
selfemployed Receipt For: Primary Other (specify)	physician Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Esteban Gonzalez Mailing Address 2210 Monaco Drive	Date of Receipt 05 15 2014	
City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.25910 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.25565 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID : SA11Al.25911
edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	•	550.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago	Date of Receipt	
City	State Zip Code TX 78539	06 13 2014 Transaction ID : SA11AI.26254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Mark Gonzalez Mailing Address 2405 Dorado Drive		Date of Receipt 05 15 2014
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.25912 Amount of Each Receipt this Period 50.00
Name of Employer Self employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Gonzalez Mailing Address 2405 Dorado Drive		Date of Receipt 06 13 2014
City Mission	State Zip Code TX 78572	Transaction ID : SA11Al.26255 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line numbe	<u> </u>	

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	he name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt				
City	State Zip Code TX 78596	Transaction ID : SA11AI.25567 Amount of Each Receipt this Period				
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) 3. Juan Gonzalez-Dickson Mailing Address 1501 Meadwood		Date of Receipt				
City weslaco	State Zip Code TX 78596	05 15 2014 Transaction ID : SA11AI.25913 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer self-employed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt				
Mailing Address 1501 Meadwood	01:11	06 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.26256 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution				
SUBTOTAL of Receipts This Page (optional)		750.00				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road	Date of Receipt	
City mission	State Zip Code TX 78574	04 16 2014 Transaction ID : SA11AI.25568 Amount of Each Receipt this Period
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt 05 15 2014
City mission	State Zip Code TX 78574	05 15 2014 Transaction ID : SA11AI.25914 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Verley Gordon		Date of Receipt
Mailing Address 1700 E. Mile 3 Road		06 13 / Y = Y = Y = Y = Y
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.26257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC				
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt			
City	State Zip Code TX 78577	04 16 2014 Transaction ID : SA11AI.25569			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00			
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00				
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt 05 15 2014			
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.25915 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00 contribution			
Name of Employer selfemployed	Occupation physician	Continuation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00				
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt			
Mailing Address 905 Inspiratin Drive		06 13 / 2014			
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.26258 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- contribution			
SUBTOTAL of Receipts This Page (optional).	>	1200.00			
TOTAL This Period (last page this line number	er only)				

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Maria Ruby Guajardo Mailing Address 2603 Santa Laura City	State Zip Code	Date of Receipt Date of Receipt
Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For:	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.25916 Amount of Each Receipt this Period 50.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Maria Ruby Guajardo	250.00	Date of Receipt
Mailing Address 2603 Santa Laura City Mission FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.26259 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway City Mcallen FEC ID number of contributing	State Zip Code TX 78501	Date of Receipt 04 16 2014 Transaction ID : SA11Al.25571 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 1600.00	contribution
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt
City Mcallen	State Zip Code TX 78501	05 15 2014 Transaction ID : SA11AI.25917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	- contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	2000.00	
Mailing Address 101 S. Broadway		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		04 16 2014
City edinburg	State Zip Code TX 78541	Transaction ID : SA11AI.25573 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt				
City edinburg	State Zip Code TX 78541	05 15 2014 Transaction ID : SA11AI.25919 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer selfemployed	Occupation physician	- contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City edinburg						
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Alberto Gutierrez		Date of Receipt				
Mailing Address 6020 Wisconsin	0	04 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.25575 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution				
SUBTOTAL of Receipts This Page (optional)		750.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt				
City edinburg	State Zip Code TX 78539	05 15 2014 Transaction ID : SA11AI.25921 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution				
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt 06 13 2014				
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.26265 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	contribution				
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road	Choto 7'- 0 -	Date of Receipt 04 16 2014				
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.25576 Amount of Each Receipt this Period 400.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	contribution				
SUBTOTAL of Receipts This Page (optional)	>	900.00				
TOTAL This Period (last page this line number	r only)					

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	the name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt				
City edinburg	State Zip Code TX 78541	05 15 2014 Transaction ID : SA11AI.25922 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00					
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt 06 13 2014				
City edinburg						
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 400.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00					
Full Name (Last, First, Middle Initial) Miguel Gutierrez		Date of Receipt				
Mailing Address 224 Lindberg		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.25577 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution				
SUBTOTAL of Receipts This Page (optional).		1050.00				
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City mcallen	State Zip Code TX 78501	Date of Receipt 05
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	C Occupation physician Aggregate Year-to-Date ▼ 1250.00	250.00 contribution
Full Name (Last, First, Middle Initial) 3. Miguel Gutierrez Mailing Address 224 Lindberg City	State Zip Code	Date of Receipt M M / D D / Y J Y J Y J Y J Y J Y J Y J Y J Y J Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Other (specify) Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID: SA11Al.25924
Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	TX 78573 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political committee . PAC	to solicit contributions from Such committee.
Full Name (Last, First, Middle Initial) Dr. Edwardo Guzman Mailing Address 2308 Highway 83 suite f City Penitas FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78573 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26268 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25579 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	<u> </u>	850.00

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt 06 13 2014
City mcallen	State Zip Code TX 78503	Transaction ID : SA11Al.26269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.25580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas Hausle		Date of Receipt
Mailing Address 701 South J		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78501	Transaction ID : SA11AI.25926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 375.00	contribution
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	r only)	

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Use separate schedule(s) for each category of the	(check only one)	
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt
		06 13 2014
City	State Zip Code TX 78501	Transaction ID : SA11AI.26270
McAllen	10001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) . Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		M = M / D = D / Y = Y = Y
City	State Zip Code	05 15 2014
mcallen	TX 78501	Amount of Each Receipt this Period
	. 223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Robert Helbing		Date of Receipt
Mailing Address 820 Tamarack		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26271
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		175.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
	Charles To Co.	04 16 2014
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.25584
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
Mailing Address 2000 Dana		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25930
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) C. Ambrosio Hernandez		Date of Receipt
Mailing Address 2000 Dana		06 13 2014
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.26274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

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

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
City	State Zip Code	04 16 2014 Transaction ID : SA11AI.25587
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road		Date of Receipt
		05 15 2014
City	State Zip Code	Transaction ID: SA11AI.25933
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		06 13 2014
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.26277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Dynio Honrubia Mailing Address 5600 North Cynthia		Date of Receipt
City McAllen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.25934 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
self-employee Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Dynio Honrubia Mailing Address 5600 North Cynthia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26278 Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For:	Occupation physician	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.25589 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	•	350.00
TOTAL This Period (last page this line number	er only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt
City mission	State Zip Code TX 78572	05 15 2014 Transaction ID : SA11AI.25935 Amount of Each Receipt this Period
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt 06 13 2014
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.26279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Syed Husain		Date of Receipt
Mailing Address 7020 N. 1st		04 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25590 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to construction from such committee.
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Syed Husain Mailing Address 7020 N. 1st City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 06 13 2014 Transaction ID : SA11AI.26280 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt Mark 16
SUBTOTAL of Receipts This Page (optional)) >	600.00

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BORDER HEALTH FEDERAL	_ PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.25937
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gggg	
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt
Mailing Address 712 S. Cage		M = M / D = D / Y = Y = Y
01.	7: 0 1	06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26281
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2400.00	
Full Name (Last, First, Middle Initial) Dr. Jose E. Igoa		Date of Receipt
Mailing Address 3716 S 'J' Street		04 16 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25592
McAllen	TX 78503	Amount of Each Receipt this Period
FEO ID	C	125.00
FEC ID number of contributing federal political committee.		
· ·	Occupation	contribution
federal political committee. Name of Employer	· ·	contribution
federal political committee. Name of Employer selfemployed	physician	contribution
federal political committee. Name of Employer	· ·	contribution
federal political committee. Name of Employer selfemployed Receipt For:	physician	contribution
federal political committee. Name of Employer selfemployed Receipt For: Primary General	physician Aggregate Year-to-Date ▼ 500.00	contribution 925.00

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

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street		Date of Receipt
City	State Zip Code	05 15 2014 Transaction ID : SA11AI.25938
McAllen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jose E. Igoa Mailing Address 3716 S 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78503	06 13 2014 Transaction ID : SA11AI.26282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Fructueso Irigoyen		Date of Receipt
Mailing Address 717 S. 'G' Street		05 15 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25939 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	only)	

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Date of Receipt
06 13 2014 Transaction ID : SA11AI.26283 Amount of Each Receipt this Period 50.00 contribution Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Amount of Each Receipt this Period 50.00 contribution Date of Receipt 05 15 2014
contribution tate ▼ 300.00 Date of Receipt 05 15 2014
Date of Receipt 05 15 2014
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Date of Receipt M
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05 15 2014
05 15 2014
ode Transaction ID : SA11AI.25941
4 Amount of Each Receipt this Period
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contribution
ate ▼
250.00
Date of Receipt
M = M / D = D / Y = Y = Y
06 13 2014 Transaction ID : SA11Al.26286
4 Amount of Each Receipt this Period
50.00
contribution
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150.00

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City Edinburg FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78539 C Occupation	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25596 Amount of Each Receipt this Period 250.00 contribution		
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City	State 7in Code	Date of Receipt 05 15 2014		
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.25942 Amount of Each Receipt this Period 250.00		
Name of Employer self-employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	- contribution		
Full Name (Last, First, Middle Initial) Dr. Danielle Jinenez-Flores Mailing Address 4212 Lebanon City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Edinburg FEC ID number of contributing federal political committee. Name of Employer	TX 78539 C Occupation	Amount of Each Receipt this Period 250.00 contribution		
self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00			
SUBTOTAL of Receipts This Page (optional)	>	750.00		
TOTAL This Period (last page this line numb	er only)			

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan		Date of Receipt
Mailing Address 2621 Trenton		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25943
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogato roar to Date ¥	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Belinda Jordan	·	Date of Receipt
Mailing Address 2621 Trenton		06 13 2014 _
City	State Zip Code	Transaction ID : SA11AI.26288
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Nelson Kalaf	<u> </u>	Date of Receipt
Mailing Address 5401 N. 8th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	04 16 2014 Transaction ID : SA11AI.25599
mcAllen	TX 78504	Amount of Each Receipt this Period
		AIIIOUIII OI LACII Neceipi IIIIS Fellod
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contributon
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4000.00	
Other (specify) ▼	1000.00	
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		name and address of any political committee to					
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC					
Α.	Full Name (Last, First, Middle Initial) Nelson Kalaf		Date of Receipt				
	Mailing Address 5401 N. 8th Street	05 15 2014					
	City	State Zip Code	Transaction ID : SA11AI.25945				
	mcAllen	TX 78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer	Occupation	contributon				
	selfemployed	physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	Aggregate real to Date ¥					
	Other (specify)	1250.00					
В.	Full Name (Last, First, Middle Initial) Nelson Kalaf		Date of Receipt				
	Mailing Address 5401 N. 8th Street		06 13 2014				
	City	State Zip Code	Transaction ID : SA11AI.26290				
	mcAllen	TX 78504	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer	Occupation	contributon				
	selfemployed	physician					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	1500.00					
<u> </u>	Full Name (Last, First, Middle Initial) Gauri Kanhere		Date of Receipt				
٠.	Mailing Address 2548 Palm Circle		04 16 _2014 _				
	City	State Zip Code	Transaction ID : SA11AI.25600				
	rio grande city	TX 78582	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer	Occupation	contribution				
	selfemployed	physician					
	Receipt For:						
	Primary General	Aggregate Year-to-Date ▼					
	Other (specify)	1000.00					
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number	<u> </u>	750.00				

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt 05 15 2014
City rio grande city FEC ID number of contributing federal political committee.	State Zip Code TX 78582	Transaction ID : SA11AI.25946 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) Other	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City	State Zip Code	Date of Receipt 06 13 2014
rio grande city FEC ID number of contributing federal political committee. Name of Employer	TX 78582 C Occupation	Transaction ID : SA11AI.26291 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street City	State Zip Code	Date of Receipt 04 16 2014 Transaction ID : SA11AL 35601
McAllen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.25601 Amount of Each Receipt this Period 200.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Adolfo Kaplan Mailing Address 7902 N. 2th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26292 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Mr. Kambiz Khademi Mailing Address P.O.Box 3422 City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 240.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional).		440.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan Mailing Address 3435 MacQuarie Drive City	State Zip Code	Date of Receipt M M
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Salman Muhammad Khan	·	Date of Receipt
Mailing Address 3435 MacQuarie Drive		06 13 _2014 _
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.26294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 213 e. Xenops		04 16 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).		350.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	350.0

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25950 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) 3. Gholam Kiani Mailing Address 213 e. Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11AI.26295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. John Kiker		Date of Receipt
Mailing Address 416 N. 17th Street	Charles	05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.25951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)		550.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. John Kiker Mailing Address 416 N. 17th Street		Date of Receipt
City Donna	State Zip Code TX 78537	06 13 2014 Transaction ID : SA11Al.26296 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25606 Amount of Each Receipt this Period 150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	- contribution
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	350.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC			
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N 10th Street		Date of Receipt		
Mailing Address 5111 N. 10th Street		06 13 7 2014		
City	State Zip Code	Transaction ID : SA11AI.26297		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	00 0			
Other (specify)	900.00			
Full Name (Last, First, Middle Initial) 3. Jorge Kutugata		Date of Receipt		
Mailing Address Rt 2 Box 522-K		M = M / D = D / Y = Y = Y		
City	Stata 7in Codo	04 16 2014		
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.25607		
	10090	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1000.00			
Full Name (Last, First, Middle Initial) C. Jorge Kutugata		Date of Receipt		
Mailing Address Rt 2 Box 522-K		05 15 2014		
City	State Zip Code	Transaction ID : SA11AI.25953		
weslaco	TX 78596	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1250.00			
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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Jorge Kutugata		Date of Receipt
Mailing Address Rt 2 Box 522-K		06 13 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.26298
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt
Mailing Address 601 Tulip		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25955
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Ramiro Leal		Date of Receipt
Mailing Address 601 Tulip		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26300
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_ contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	350.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25610 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Raul Ledesma Mailing Address 5508 N. 1st Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	300.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) State Middle Initial)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25615 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405 City austin FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78703 C Occupation private investor Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1200.00
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NAME OF COMMITTEE (In Full)		to solicit contributions from such committee.
BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date 400.00	Date of Receipt 04 16 2014 Transaction ID: SA11Al.25616 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Dr. Linette Linsangan Mailing Address 105 E. Yellowhammer City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	300.00

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

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.25621 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician	100.00 - contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt 05 15 2014
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.25967 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Alfredo Lopez Mailing Address 7609 N. 24th Circle		Date of Receipt 06 13 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26312 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	_ contribution
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	>	300.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Julio Lopez Mailing Address 1311 6th E. Street		Date of Receipt 04 16 2014
City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Transaction ID: SA11AI.25622 Amount of Each Receipt this Period 25.00 contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	350.00	
Mailing Address 1311 6th E. Street	Chata 7'- O. I	Date of Receipt 05 15 2014
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.25968 Amount of Each Receipt this Period 25.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 375.00	- contribution
Full Name (Last, First, Middle Initial) Julio Lopez Mailing Address 1311 6th E. Street City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
weslaco FEC ID number of contributing federal political committee. Name of Employer	TX 78596 C Occupation	Transaction ID : SA11AI.26313 Amount of Each Receipt this Period 25.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	•	75.00
TOTAL This Period (last page this line number	r only)	

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	ng the name and address of any political committee	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Noel Lopez		Date of Receipt
Mailing Address 305 Condor		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.25969
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Noel Lopez	1	Date of Receipt
Mailing Address 305 Condor		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26314
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)	t	Data of Descript
Salil Mangi Mailing Address 3801 Sundown Court Ea	oot .	Date of Receipt
Maming / Marioso 3601 Suridown Court Es	ası	04 16 _2014 _
City	State Zip Code	Transaction ID : SA11AI.25627
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (ontion	nal)	350.00
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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3801 Sundown Court East		Date of Receipt
City	State Zip Code	05 15 2014
mcallen	TX 78503	Transaction ID : SA11AI.25973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 3201 Sundawa Court Fast		Date of Receipt
Mailing Address 3801 Sundown Court East City	State Zip Code TX 78503	06 13 2014 Transaction ID : SA11AI.26318
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim		Date of Receipt
Mailing Address 3817 Sundown Ct		04 16 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.25628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	•	625.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Mailing Address 3817 Sundown Ct	Dr. Roberto M. Mangoo-Karim			
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Transaction ID : SA11AI.25974 Amount of Each Receipt this Period 125.00 contribution		
Full Name (Last, First, Middle Initial) Dr. Roberto M. Mangoo-Karim Mailing Address 3817 Sundown Ct City McAllen FEC. ID number of contributing	State Zip Code TX 78503	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 750.00	125.00 contribution		
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal City	State Zip Code	Date of Receipt O4 16 2014 Transaction ID: SA11AI.25629		
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1600.00	Amount of Each Receipt this Period 400.00 contribution		
SUBTOTAL of Receipts This Page (optional)		650.00		
TOTAL This Period (last page this line number	r only)			

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Detailed Summary Page	X 11a	a	11b		11c		12		
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or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.			
BORDER HEALTH FEDER	AL PAC				
Full Name (Last, First, Middle Initial) Carlos Manrique					
Mailing Address 116 Cardinal		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.25975			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt			
Mailing Address 116 Cardinal	Mailing Address 116 Cardinal				
City	mcallen TX 78504				
•					
FEC ID number of contributing					
federal political committee.	C	400.00			
Name of Employer	contribution				
selfemployed	Occupation physician				
Receipt For:					
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	2400.00				
Full Name (Last, First, Middle Initial) . Agustin Martinez	'	Date of Receipt			
Mailing Address 7603 N. 2nd Lane		Mam / Dab / Yayayay			
7,003 N. Zhu Lane		04 16 2014			
City	State Zip Code	Transaction ID : SA11AI.25630			
mcallen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	S .				
Name of Employer	Name of Employer Occupation				
selfemployed					
Receipt For:	Aggregate rear-to-Date ▼				
Primary General	1600.00				
Other (specify) ▼	1600.00				
SUBTOTAL of Receipts This Page (option	nal)	1200.00			
TOTAL This Period (last page this line nu	imber only)				

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Agustin Martinez Mailing Address 7603 N. 2nd Lane	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Transaction ID : SA11AI.25976 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25631 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	1050.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using t	the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC					
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith	Ricardo Martinez					
City	City State Zip Code					
edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	Other (specify) ▼ 1250.00					
Full Name (Last, First, Middle Initial) Ricardo Martinez	Ricardo Martinez					
Mailing Address 1903 W. Smith		06 13 _ 2014 _				
City	State Zip Code	Transaction ID : SA11Al.26322				
edinburg	TX 78539	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) C. Dr. Robert Martinez		Date of Receipt				
Mailing Address 2809 Santa Lydia		04 16 2014				
City	State Zip Code	Transaction ID : SA11AI.25632				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00 contribution				
Name of Employer	Name of Employer Occupation					
self-employee	1, 7					
Receipt For:						
Primary General Other (specify) ▼						
SUBTOTAL of Receipts This Page (optional)		600.00				
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or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial) A. Dr. Robert Martinez						
Mailing Address 2809 Santa Lydia		05 15 / Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11AI.25978				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employee	physician					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General	riggiogaio icai-io-Dale ₹					
Other (specify) ▼						
Full Name (Last, First, Middle Initial) Dr. Robert Martinez	· · · · · · · · · · · · · · · · · · ·					
Mailing Address 2809 Santa Lydia		M = M / D = D / Y = Y = Y				
City	State Zip Code	06 13 2014				
City	<u> </u>	Transaction ID : SA11AI.26323				
Mission	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
self-employee	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	30 0					
Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial) Santos Martinez		Date of Receipt				
Mailing Address 125 East Yucca		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.25633				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
self-employed						
Receipt For:	· · · · · · · · · · · · · · · · · ·					
Primary General						
Other (specify) ▼	1000.00					
SUBTOTAL of Receipts This Page (options	al)	450.00				
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt M
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1250.00	- contribution
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca City	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.26324 Amount of Each Receipt this Period 250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78539 C Occupation physician	Amount of Each Receipt this Period 50.00 contributon
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Israel Mata Mailing Address 2601 Lakeshore Drive City	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26325	
Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 50.00 contributon
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo City Mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 15 2014 Transaction ID : SA11AI.25981 Amount of Each Receipt this Period 100.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	250.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Nelson Mata Mailing Address 1705 Palazzo		Date of Receipt
City Mission	State Zip Code TX 78572	06 13 2014 Transaction ID : SA11AI.26326 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Javier Media Mailing Address 3601 Oakwood Lane		Date of Receipt 05 15 2014
City Mission	State Zip Code TX 78573	Transaction ID : SA11AI.25984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Javier Media		Date of Receipt
Mailing Address 3601 Oakwood Lane	Chala	06 13 / Y=Y=Y=Y
City Mission	State Zip Code TX 78573	Transaction ID : SA11Al.26329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		200.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.25639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt 05 15 2014
City mcallen	State Zip Code TX 78501	05 15 2014 Transaction ID : SA11Al.25985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Bertha Medina		Date of Receipt
Mailing Address 1300 1 1/2 Street		06 13 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26330 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Ms Camen Martha Medina Date of Receipt Mailing Address 509 E. Yucca 15 2014 City Zip Code State Transaction ID: SA11AI.25986 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Camen Martha Medina Date of Receipt Mailing Address 509 E. Yucca 06 13 2014 City State Zip Code Transaction ID: SA11AI.26331 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 04 16 2014 City State Zip Code Transaction ID: SA11AI.25641 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1600.00 Other (specify)

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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 603 McCall Circle		Date of Receipt
Mailing Address 602 McColl Circle		05 15 / Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.25987
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) 3. Dr. Carlos Mego		Date of Receipt
Mailing Address 602 McColl Circle	06 13 2014	
City	State Zip Code	Transaction ID : SA11Al.26332
McAllen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	'	
Receipt For:	physician	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 2400.00	
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri	•	Date of Receipt
Mailing Address 7120 Ware Road		04 16 2014
City	State Zip Code	7 Transaction ID : SA11AI.25642
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	360.00	
Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (ontions	ıl)	890.00
age (optiona		
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 05 15 2014 Transaction ID: SA11AI.25988 Amount of Each Receipt this Period 90.00 contribution
Full Name (Last, First, Middle Initial) Dr. Imtiaz Mehkri Mailing Address 7120 Ware Road City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 540.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26333 Amount of Each Receipt this Period 90.00 contribution
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25645 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	430.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political committee t	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 15
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 13 2014 Transaction ID : SA11AI.26336 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code TX 78572 C Occupation private investor Aggregate Year-to-Date ▼ 210.00	Date of Receipt 13 2014 Transaction ID: SA11AI.26337 Amount of Each Receipt this Period 35.00 contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	535.00

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	the name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC			
Full Name (Last, First, Middle Initial) Dr. Emil Milano Mailing Address 225 E. Cornell	Dr. Emil Milano			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25647 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution		
selfemployed Receipt For: Primary General	private investor Aggregate Year-to-Date ▼			
Other (specify) ▼	400.00			
Full Name (Last, First, Middle Initial) 3. Dr. Emil Milano Mailing Address 225 E. Cornell		Date of Receipt 05 15 2014		
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25993 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Dr. Emil Milano		Date of Receipt		
Mailing Address 225 E. Cornell City	State Zip Code	06 13 2014		
McAllen	TX 78504	Transaction ID : SA11AI.26338 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	100.00		
Name of Employer selfemployed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	- CONTRIBUTION		
Primary General Other (specify) ▼	600.00			
SUBTOTAL of Receipts This Page (optional).		300.00		
TOTAL This Period (last page this line number	er only)			

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

ı	FOR LINE NUMBER: PAGE 136 OF							
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo City	State Zip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y 04 16 2014 Transaction ID : SA11AI.25649
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr. Mailing Address 2821 Michael Angelo		Date of Receipt 05 15 2014
City	State Zip Code	77 Transaction ID : SA11AI.25995
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		06 13 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26340
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)	_	300.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 137 OF 241 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 15 2014 City Zip Code State Transaction ID: SA11AI.25996 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Samira T. Mohamed Date of Receipt Mailing Address 324 Heron 06 13 2014 City State Zip Code Transaction ID: SA11AI.26341 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ruben Mohme Date of Receipt Mailing Address 7309 N. 4th Street 04 16 2014 City State Zip Code Transaction ID: SA11AI.25652 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 15 2014 Transaction ID : SA11AI.25998 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Ruben Mohme Mailing Address 7309 N. 4th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25653 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	600.00

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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt 05
self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City	State Zip Code	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26344
McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	TX 78504 C Occupation physician	Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Guillermo Montanez Mailing Address 100 S. W. Augusta Square City McAllen	State Zip Code TX 78503	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date 250.00	50.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	850.00
TOTAL This Period (last page this line number	only)	

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.

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Montanez Mailing Address 100 S. W. Augusta Square City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 06 13 2014 Transaction ID : SA11AI.26345 Amount of Each Receipt this Period
Name of Employer Self employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen	State Zip Code TX 78503	Date of Receipt 04 16 2014 Transaction ID: SA11Al.25655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	400.00 contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Date of Receipt 05 15 2014 Transaction ID : SA11Al.26001 Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	850.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt
City mcallen	State Zip Code TX 78503	06 13 2014 Transaction ID : SA11AI.26346 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	Contribution
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.25657 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1000.00	contribution
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive City	State Zip Code	Date of Receipt M = M
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt
City	State Zip Code	06 13 2014 Transaction ID : SA11Al.26348
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Sivakumari Nandipaty	•	Date of Receipt
Mailing Address 1509 N. Misty Lane		M M / D D / Y Y Y Y
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11Al.26006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
Dr. Sivakumari Nandipaty Mailing Address 1509 N. Misty Lane		Date of Receipt 06 13 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.26351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	1	350.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC				
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan Mailing Address 111 NF Avgusta Square		Date of Receipt			
Mailing Address 111 NE Augusta Square		04 16 7 2014			
City	State Zip Code	Transaction ID : SA11AI.25662			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	00 0				
Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt			
Mailing Address 111 NE Augusta Square		05 15 _ 2014 _			
City	State Zip Code	Transaction ID : SA11AI.26007			
McAllen					
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Dr. William O'Callaghan		Date of Receipt			
Mailing Address 111 NE Augusta Square		06 13 _ 2014 _			
City	State Zip Code	Transaction ID : SA11AI.26352			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	600.00				
SUBTOTAL of Receipts This Page (optional)) >	300.00			
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	Statements may not be sold or used by any per- ne name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa Mailing Address 1901 W. 18th Street		Date of Receipt
		04 16 2014
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.25663
	10090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Alfonso Ochoa		Date of Receipt
Mailing Address 1901 W. 18th Street		05 15 _2014 _
City	State Zip Code	75 15 2014 Transaction ID : SA11Al.26008
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Alfonso Ochoa	1	Date of Receipt
Mailing Address 1901 W. 18th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	06 13 2014 Transaction ID : SA11Al.26353
Weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	_ contribution
self-employed	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Possints This Pers (and a final state of the	1	300.00
SUBTOTAL of Receipts This Page (optional)		555.55
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt
City McAllen	State Zip Code TX 78501	04 16 2014 Transaction ID : SA11AI.25665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street		Date of Receipt 05 15 2014
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.26010 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Mr. Ricardo Ochoa Mailing Address 2421 N. 'J' Street City	State Zip Code	Date of Receipt 06 13 2014 Transaction ID: SA11Al.26355
McAllen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 600.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25666
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
self-employed	doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana Mailing Address 2604 Santa Teresa		Date of Receipt
amiy / doi 933 Zou4 Santa Teresa		05 15 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26011
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt
Mailing Address 2604 Santa Teresa		06 13 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26356
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	doctor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	600.00	
SUBTOTAL of Receipts This Page (optional) >	300.00
TOTAL This Period (last page this line numl	<u></u>	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt
City McAllen FEC ID number of contributing	State Zip Code TX 78504	04 16 2014 Transaction ID : SA11AI.25667 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	100.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt 05 15 2014
City McAllen FEC ID number of contributing fodoral political committee	State Zip Code TX 78504	Transaction ID : SA11AI.26012 Amount of Each Receipt this Period 100.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.26357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	300.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		04 17 2014
City	State Zip Code	Transaction ID : SA11AI.25668
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	. 199. 294.0 Total to Date \$	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) 3. Dr. Athanaji Orfanos		Date of Receipt
Mailing Address 3013 Lakeshore Drive		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.26013
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	,	
Receipt For:	private investor	\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos	'	Date of Receipt
Mailing Address 3013 Lakeshore Drive		M = M / D = D / Y = Y = Y
City	State Zip Code	06 13 2014 Transaction ID : SA11AI.26358
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
		300.00
SUBTOTAL of Receipts This Page (options	al)	300.00
TOTAL This Period (last page this line nur	nber only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia		Date of Receipt
City McAllen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11Al.26014 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	50.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John Orfanos Mailing Address 5416 N. Cynthia		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.26359 Amount of Each Receipt this Period 50.00
Receipt For: Primary Other (specify) General	Occupation physician Aggregate Year-to-Date ▼	contribution
Full Name (Last, First, Middle Initial) Juan Ortiz Mailing Address 4501 N. Cynthia		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26016 Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Juan Ortiz Mailing Address 4501 N. Cynthia		Date of Receipt 06 13 2014
City	State Zip Code TX 78504	Transaction ID : SA11AI.26361
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip	<u>'</u>	Date of Receipt
City mcallen	State Zip Code TX 78504	04 16 2014 Transaction ID : SA11AI.25672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For:	physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) . Armando Osio	1	Date of Receipt
Mailing Address 600 Tulip		05 15 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26017 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	550.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip	Date of Receipt	
City mcallen	State Zip Code TX 78504	06 13 2014 Transaction ID : SA11AI.26362 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.26018 Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	- contribution
Full Name (Last, First, Middle Initial) Carmen Osorio-Castillo Mailing Address 1601 Sebastian Drive City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 50.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	350.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) A. Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia #148		04 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.25674 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City	State Zip Code	Date of Receipt M M
mcallen	TX 78501	Transaction ID : SA11AI.26019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1250.00	- contribution
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia	<u>'</u>	Date of Receipt
#148 City mcallen	State Zip Code TX 78501	06 13 2014 Transaction ID : SA11Al.26364 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than us	and Statements may not be sold or used by any peing the name and address of any political committee					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	RAL PAC					
Full Name (Last, First, Middle Initial) A. Kip Owen	Kip Owen					
Mailing Address 2305 Red River		04 16 2014				
City	State Zip Code	Transaction ID : SA11AI.25675				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	400.00					
Full Name (Last, First, Middle Initial) 3. Kip Owen	·	Date of Receipt				
Mailing Address 2305 Red River		M = M / D = D / Y = Y = Y				
City	Ctoto 7th Cart	05 15 2014				
City	State Zip Code	Transaction ID : SA11AI.26020				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial)	I	Date of Receipt				
Mailing Address 2305 Red River		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City	State Zip Code	Transaction ID : SA11Al.26365				
mcallen	TX 78572	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	_				
Primary General	Aggregate rear-to-Date ▼					
Other (specify) ▼	600.00					
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	e to solicit contributions from such committee.
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.		Date of Receipt
Mailing Address P.O. Box 3669		05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.26022
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Mr. Esteban Palacios Jr.		Date of Receipt
Mailing Address P.O. Box 3669		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26367
Edinburg	TX 78540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 121 Canary		M = M / D = D / Y = Y = Y
City	State Zip Code	04 16 2014 Transaction ID : SA11AI.25678
mcallen	TX 78504	Amount of Each Receipt this Period
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (options	al)	350.00
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FOTAL This Period (last page this line nun	nber only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City	akash Palimar					
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Transaction ID : SA11AI.26023 Amount of Each Receipt this Period 250.00 contribution				
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M				
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25679 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	r only)					

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Umesh Pathak Mailing Address 2004 Alexander Drive	Umesh Pathak					
City weslaco	State Zip Code TX 78596	05 15 2014 Transaction ID : SA11Al.26024 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) 3. Umesh Pathak Mailing Address 2004 Alexander Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.26369 Amount of Each Receipt this Period 100.00				
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution				
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City	State Zip Code	Date of Receipt O4 16 2014 Transaction ID: SA11AI.25680				
Mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 100.00 contribution				
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	- CONTRIBUTION				
SUBTOTAL of Receipts This Page (optional)		300.00				
TOTAL This Period (last page this line number	r only)					

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Harold J. Pean Mailing Address 700 Brazos City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M / 16 2014 Transaction ID: SA11AI.25681 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation doctor Aggregate Year-to-Date ▼ 250.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)	>	550.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Alberto Pena Mailing Address 3716 Tigris		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.26373 Amount of Each Receipt this Period 50.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation doctor Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Transaction ID : SA11AI.25683 Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional).	>	850.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	* *	
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird		Date of Receipt 06 13 2014
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.26374 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court	Stata Zin Coda	Date of Receipt 04 16 2014
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577 C	Transaction ID : SA11AI.25684 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1600.00	contribution
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
pharr FEC ID number of contributing federal political committee. Name of Employer	TX 78577 C Occupation	Amount of Each Receipt this Period 400.00 contribution
self-employed Receipt For: Primary Other (specify)	private investor Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)	•	1200.00
TOTAL This Period (last page this line number	only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt
City	State Zip Code TX 78577	06 13 2014 Transaction ID : SA11AI.26375
pharr FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Raul Pena Mailing Address 3500 San Clemente		Date of Receipt
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.25685 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Raul Pena		Date of Receipt
Mailing Address 3500 San Clemente		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.26030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 625.00	- contribution
SUBTOTAL of Receipts This Page (optional)		650.00
TOTAL This Period (last page this line number	r only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Raul Pena Date of Receipt Mailing Address 3500 San Clemente 2014 06 13 City State Zip Code Transaction ID: SA11AI.26376 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Pedro Penalo Date of Receipt Mailing Address 906 S. Bridge 04 16 2014 City State Zip Code Transaction ID: SA11AI.25686 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Pedro Penalo Date of Receipt Mailing Address 906 S. Bridge 05 15 2014 City Zip Code State Transaction ID: SA11AI.26031 TX Weslaco 78596 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional).....

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Pedro Penalo Mailing Address 906 S. Bridge		Date of Receipt
City Weslaco	State Zip Code TX 78596	06 13 2014 Transaction ID : SA11AI.26377 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Self employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia		Date of Receipt 06 132014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26378 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer self-employee	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez		Date of Receipt
Mailing Address 4600 Victoria		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.25689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 400.00	- contribution
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line numbe	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt
City McAllen	State Zip Code TX 78503	05 15 2014 Transaction ID : SA11Al.26034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:	Occupation private investor	- contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria		Date of Receipt
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer selfemployed Receipt For:	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Francisco Perez		Date of Receipt
Mailing Address 4726 S. Jackson	Olev Tr. C. :	05 15 / Y = Y = Y = Y
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11Al.26035 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer self-employee Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	. contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	250.00
TOTAL This Period (last page this line numb	per only)	

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Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Francisco Perez Date of Receipt Mailing Address 4726 S. Jackson 2014 06 City State Zip Code Transaction ID: SA11AI.26381 TX 78539 Edinburg Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Irene Perez-Young Date of Receipt Mailing Address 109 N. Nueces Park Lane 05 15 2014 City State Zip Code Transaction ID: SA11AI.26036 Harlingen TX 78552 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Irene Perez-Young Date of Receipt Mailing Address 109 N. Nueces Park Lane 2014 06 13 City State Zip Code Transaction ID: SA11AI.26382 TX Harlingen 78552 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	04 16 2014 Transaction ID : SA11AI.25692 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) 3. Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt 05 15 2014
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.26037 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2000.00	contribution
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee.	TX 78501	Transaction ID : SA11AI.26383 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt
	7:0	04 16 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.25695
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.26040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Sergio Preciado		Date of Receipt
Mailing Address 521 E. Bluebird		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Robert Prieto-Harris Mailing Address 7516 N. 3rd		Date of Receipt
	Choto 7'- O- 1	05 15 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11Al.26041
FEC ID number of contributing federal political committee.	C 78304	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For: Primary General Other (specify) —	Aggregate Year-to-Date ▼ 250.00	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Prieto-Harris		Date of Receipt
Mailing Address 7516 N. 3rd		06 13 _ 2014 _
City	State Zip Code	06 13 2014 Transaction ID : SA11AI.26387
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Tin Quach		Date of Receipt
Mailing Address 100 E. Zenaida		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.26043
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.03
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.15	
SUBTOTAL of Receipts This Page (ontional)		141.03
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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Tin Quach Date of Receipt Mailing Address 100 E. Zenaida 2014 06 13 City State Zip Code Transaction ID: SA11AI.26389 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 41.03 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 246.18 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Maria Quinteros Date of Receipt Mailing Address 702 South 1st Lane 05 15 2014 City State Zip Code Transaction ID: SA11AI.26044 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Maria Quinteros Date of Receipt Mailing Address 702 South 1st Lane 06 13 2014

Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 141.03 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Zip Code

78501

State

TX

C

Occupation

physician

50.00

Transaction ID: SA11AI.26390

contribution

Amount of Each Receipt this Period

City

McAllen

FEC ID number of contributing

federal political committee.

Name of Employer

selfemployed

Receipt For:

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298		Date of Receipt
	City McAllen	State Zip Code TX 78502	04 16 2014 Transaction ID : SA11AI.25700 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee Receipt For:	Occupation physician	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ernesto Ramirez Mailing Address P.O.Box 720298		Date of Receipt
	City McAllen	State Zip Code TX 78502	05 15 2014 Transaction ID : SA11Al.26045 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
	self-employee Receipt For: Primary General	physician Aggregate Year-to-Date ▼	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
C.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.26392 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer self-employee	Occupation physician	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	AL PAU	1
Full Name (Last, First, Middle Initial) Dr. Samuel Ramirez		Date of Receipt
Mailing Address 5201 N. 10th		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26393
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez	,	Date of Receipt
Mailing Address 1608 Woods Drive		M = M / D = D / Y = Y = Y
City	State 7in Code	04 16 2014
City	State Zip Code TX 78572	Transaction ID : SA11AI.25702
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Sergio Ramirez	L	Date of Receipt
Mailing Address 1608 Woods Drive		<u> </u>
		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.26047
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1250.00	
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A. Sergio Ramirez Mailing Address 1608 Woods Drive City State Zip Code TX 78572 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General Other (specify) ▼ Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Physicain Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Magregate Year-to-Date ▼ Primary General Other (specify) ▼ Magregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Tontribution Contribution Date of Receipt Tansaction ID: SA11AL2 Amount of Each Receipt this Transaction ID: SA11AL2 Amount of Each Receipt this Date of Receipt Salar Sa	
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mission TX 78572 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer selfemployed physician Receipt For: Primary	
FEC ID number of contributing federal political committee. Name of Employer selfemployed Physician Receipt For: Primary General Other (specify) ▼ 1500.00 Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer selfemployed Physician Receipt For: Primary General Other (specify) ▼ 1200.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 1200.00 Full Name (Last, First, Middle Initial) Cuty State Zip Code TX 78501 Full Name (Last, First, Middle Initial) Cuty State Zip Code TX 78501 Date of Receipt this Transaction ID: SA11AL.2t Amount of Each Receipt this Transaction ID: SA11AL.2t Amount of Each Receipt this Tx 78501	394
Name of Employer Selfemployed Physician Receipt For: Primary General Gustavo Ramos General City State Zip Code TX 78501 City	Period
selfemployed Receipt For:	250.00
Receipt For: Primary General Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City State Zip Code Tansaction ID: SA11Al.2 Tansaction ID: SA11Al.2 Amount of Each Receipt this Transaction ID: SA11Al.2 Amount of Each Receipt this Contribution	
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen TX T8501 Cunumber of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking Full Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking City State Zip Code TX T8501 Date of Receipt Transaction ID: SA11AL2t Transaction ID: SA11AL2t Transaction ID: SA11AL2t Amount of Each Receipt this	
Mailing Address 1301 S. Perking City State Zip Code TX 78501 FEC ID number of contributing federal political committee. Name of Employer selfemployed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Tx 78501 Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code Tx 78501 Date of Receipt Transaction ID : SA11AL.20 Contribution Date of Receipt Transaction ID : SA11AL.20 Amount of Each Receipt this	
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City State Zip Code mcallen TX 78501 Transaction ID: SA11Al.29 Amount of Each Receipt this C Amount of Each Receipt this Contribution	2014
mcallen TX 78501 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) City State Zip Code Transaction ID : SA11Al.2 Transaction ID : SA11Al.2 Amount of Each Receipt this	2014 703
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking City mcallen State TX 78501 Amount of Each Receipt this	
Name of Employer selfemployed physicain Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking City State Zip Code Transaction ID : SA11Al.2 TX 78501 Contribution contribution Contribution Contribution Contribution Contribution Contribution Date of Receipt Transaction ID : SA11Al.2 Amount of Each Receipt this	. Jiiou
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00 Full Name (Last, First, Middle Initial) C. Gustavo Ramos Mailing Address 1301 S. Perking City State TX T8501 Date of Receipt Transaction ID: SA11Al.2 Amount of Each Receipt this	300.00
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00 Full Name (Last, First, Middle Initial) City Mailing Address 1301 S. Perking City Mailing Address 1301 S. Perking City Mailing Address Ty State Ty Ty Ty Aggregate Year-to-Date ▼ 1200.00 Date of Receipt Transaction ID: SA11Al.2 Amount of Each Receipt this	
Primary General Other (specify) ▼ Tull Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking City State Zip Code Transaction ID: SA11Al.2 mcallen TX 78501 Transaction ID: SA11Al.2 Amount of Each Receipt this	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Custavo Ramos Mailing Address 1301 S. Perking City mcallen TX TX T8501 Date of Receipt Transaction ID: SA11AI.2 Amount of Each Receipt this	
City State Zip Code Transaction ID: SA11AI.2 mcallen TX 78501 Date of Receipt TY O5 15 Amount of Each Receipt this	
Mailing Address 1301 S. Perking City State Zip Code Transaction ID: SA11AI.2 mcallen TX 78501 Amount of Each Receipt this	
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mcallen TX 78501 Amount of Each Receipt this	
FFO ID symbol of contribution	
FEC ID number of contributing federal political committee.	300.00
Name of Employer Occupation contribution	
selfemployed physicain	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)	
	850.00
TOTAL This Period (last page this line number only)	850.00

FOR LINE NUMBER: PAGE 173 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee to LPAC	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physicain Aggregate Year-to-Date ▼ 1800.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 05
Full Name (Last, First, Middle Initial) Dr. Keith Ramos Mailing Address P.O. Box 4412 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	400.00

FOR LINE NUMBER: PAGE 174 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13 14 15

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Mailing Address 112 Canary City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Selfemployed Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Time Year-to-Date ▼ Aggregate Year-to-Date ▼ State Zip Code Time Year-to-Date Year-to-Dat	ate of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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McAllen TX 78504	06 13 2014 _
	Transaction ID : SA11AI.26400
	mount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer Occupation	ntribution
selfemployed physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	

FOR LINE NUMBER: PAGE 175 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City weslaco FEC ID number of contributing federal political committee.	State Zip Code TX 78596	Transaction ID : SA11AI.25709 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
Full Name (Last, First, Middle Initial) 8. R.V. Reddy Mailing Address 1500 Southland Drive		Date of Receipt 05 15 2014
City weslaco FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78596 C Occupation	Transaction ID : SA11AI.26054 Amount of Each Receipt this Period 125.00 contribution
Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive City weslaco	State Zip Code TX 78596	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼	125.00 contribution
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE	: PAGE	176 OF	241				
(check only one)							
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or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Vangala Reddy Mailing Address 605 Tulip		Date of Receipt
		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25710
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
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Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) 3. Vangala Reddy		Date of Receipt
Mailing Address 605 Tulip		05 15 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26055
mcallen	TX 78504	Amount of Each Receipt this Period
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federal political committee.	C	200.00
Name of Employer	contribution	
selfemployed	Occupation	
Receipt For:	physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Vangala Reddy	1	Date of Receipt
Mailing Address 605 Tulip		06 13 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26402
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	contribution	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1200.00	
Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (option	nal)	600.00
TOTAL This Period (last page this line nu	mber only)	

FOR LINE NUMBER: PAGE 177 OF 241 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) A. William Restrepo Mailing Address 1117 S. Cynthia City State Zip Code TX 78504 FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : Sal1Al.2697 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : Sal1Al.26904 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID : Sal1Al.26904 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Salemployed Physician Aggregate Year-to-Date ▼ Date of Receipt Toribution Transaction ID : Sal1Al.26904 Amount of Each Receipt this Period FEC ID number of contributing federal political committ			name and address of any political committee to	
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selfemployed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	N	lame of Employer	Occupation	contribution
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750.00			Aggregate rear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		Other (specify) ▼		
TOTAL This Period (last page this line number only)				750.00

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Anna Reyes Mailing Address 320 North 7th Street		Date of Receipt 05 05 07 08 09 09 09 09 09 09 09 09 09
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.26058 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Anna Reyes Mailing Address 320 North 7th Street City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt 06 13 2014 Transaction ID: SA11Al.26405 Amount of Each Receipt this Period 50.00 contribution
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M 04 16 2014 Transaction ID : SA11Al.25714 Amount of Each Receipt this Period 125.00 contribution
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 625.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Mihaela Ringheanu Mailing Address 3214 Banyan Circle City Harlingen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78550 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 06 13 2014 Transaction ID : SA11Al.26406 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25715 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	er only)	

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

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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL P	AC	
Α.	Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston		Date of Receipt
	City mcallen	State Zip Code TX 78501	05 15 2014 Transaction ID : SA11AI.26060
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
— В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Homero Rivas	1250.00	Date of Receipt
Ο.	Mailing Address 100 E. Houston	Chala Zin Code	06 13 / Y Y Y Y Y Y
	City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.26407
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer selfemployed Receipt For:	Occupation physician	contribution
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
c.			Date of Receipt
	Mailing Address 1217 S. Cynthia		04 16 2014
	City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.25716 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer selfemployed	Occupation physcian	contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)		750.00
Т	OTAL This Period (last page this line number of	only)	

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

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	05 15 2014 Transaction ID : SA11AI.26061 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physcian	250.00 - contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Benjamin Robalino Mailing Address 1217 S. Cynthia		Date of Receipt 06 13 2014
City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.26408 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation	250.00 contribution
Receipt For: Primary General Other (specify)	physcian Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Mr. Martin Rocha		Date of Receipt
Mailing Address P.O. Box 662 City South Rose	State Zip Code	05 15 2014 Transaction ID : SA11Al.26062
Santa Rosa FEC ID number of contributing federal political committee.	TX 78593	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 182 OF 241 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Mr. Martin Rocha Date of Receipt Mailing Address P.O. Box 662 2014 06 City State Zip Code Transaction ID: SA11AI.26409 TX Santa Rosa 78593 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Ofelia Rodriguez Date of Receipt Mailing Address 112 E. Xenops 05 15 2014 City State Zip Code Transaction ID: SA11AI.26064 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Ofelia Rodriguez Date of Receipt Mailing Address 112 E. Xenops 06 13 2014 City Zip Code State Transaction ID: SA11AI.26411 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Dr. Edgar Rodriquez Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt O4 16 2014 Transaction ID : SA11AI.25721 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr. Edgar Rodriquez Mailing Address 815 Crown Circle City Edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	300.00

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ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	ourp	ose of	f so	liciting	cor	ntributio	ons	

A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Henry E. Ruiz Date of Receipt Mailing Address 208 W. Pelician 04 2014 16 City State Zip Code Transaction ID: SA11AI.25723 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Henry E. Ruiz Date of Receipt Mailing Address 208 W. Pelician 05 15 2014 City State Zip Code Transaction ID: SA11AI.26068 Mcallen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Henry E. Ruiz Date of Receipt Mailing Address 208 W. Pelician 2014 06 13 City State Zip Code Transaction ID: SA11AI.26415 TX Mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the	(check only one)								
Detailed Summary Page	X 11a	11b		11c		12			
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or for commercial purposes, other than using	and Statements may not be sold or used by any peling the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC						
Full Name (Last, First, Middle Initial) A. Dr. Robert Ruiz		Date of Receipt					
Mailing Address 2524 James		05 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI.26069					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	contribution					
self-employee	physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	00 0						
Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) 3. Dr. Robert Ruiz		Date of Receipt					
Mailing Address 2524 James	Mailing Address 2524 James						
City	State Zip Code	06					
Edinburg	TX 78539	Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	50.00					
·	Occupation	contribution					
Name of Employer self-employee	Occupation						
Receipt For:	physician	-					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	300.00						
Full Name (Last, First, Middle Initial) C. Paulette Saca	'	Date of Receipt					
Mailing Address 109 Condor		04 16 2014					
City	State Zip Code	Transaction ID : SA11AI.25726					
mcallen	TX 78504	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	75.00					
Name of Employer	Occupation	contribution					
self-employed	private investor	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	202.22						
Other (specify) ▼	300.00						
SUBTOTAL of Receipts This Page (option	al)	175.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	1	86 OF	2	241
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.26071 Amount of Each Receipt this Period 75.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 375.00	contribution
Full Name (Last, First, Middle Initial) Paulette Saca Mailing Address 109 Condor	State 7:- O-1-	Date of Receipt 06 13 2014
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26418 Amount of Each Receipt this Period 75.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78574 C Occupation	Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional)	_	550.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than usin	g the name and address of any political committee						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC						
Full Name (Last, First, Middle Initial) Javier Saenz	Javier Saenz						
Mailing Address 2308 Monaco Drive		05 15 2014					
City	State Zip Code	Transaction ID : SA11AI.26072					
mission	TX 78574	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:		_					
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	2000.00						
Full Name (Last, First, Middle Initial) Javier Saenz		Date of Receipt					
Mailing Address 2308 Monaco Drive		M = M / D = D / Y = Y = Y					
C:h.	Ctoto 7:- C-J-	06 13 2014					
City	State Zip Code	Transaction ID : SA11AI.26419					
mission	TX 78574	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	400.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General Other (specify) ▼	2400.00						
Full Name (Last, First, Middle Initial) 2. JJ Saenz	<u>'</u>	Date of Receipt					
Mailing Address 2400 S.E. Augusta Squa	re	04 16 2014					
City	State Zip Code	Transaction ID : SA11AI.25728					
mcallen	TX 78503	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	contribution					
selfemployed	physician						
Receipt For:	Aggregate Year-to-Date ▼	_					
Primary General	Aggregate rear-to-bate •						
Other (specify) ▼	1000.00						
SUBTOTAL of Receipts This Page (optional	al)	1050.00					
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	he name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC					
Full Name (Last, First, Middle Initial) JJ Saenz Mailing Address 2400 S.E. Augusta Square	JJ Saenz Mailing Address 2400 S.E. Augusta Square					
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.26073 Amount of Each Receipt this Period 250.00				
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	- contribution				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00					
Full Name (Last, First, Middle Initial) 3. JJ Saenz Mailing Address 2400 S.E. Augusta Square		Date of Receipt 06 13 2014				
City mcallen FEC ID number of contributing	State Zip Code TX 78503	Transaction ID : SA11AI.26420 Amount of Each Receipt this Period 250.00				
Name of Employer selfemployed	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00					
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd		Date of Receipt 04 16 2014				
Suite 10 City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.25729 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	400.00 contribution				
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1600.00					
SUBTOTAL of Receipts This Page (optional).	>	900.00				
TOTAL This Period (last page this line number	er only)					

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 2000.00	Date of Receipt 05 15 2014 Transaction ID : SA11Al.26074 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 2400.00	Date of Receipt M M / D J J 2014 Transaction ID : SA11Al.26421 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25730 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1050.00
TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt 05 15 2014
City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Transaction ID : SA11AI.26075 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) 3. Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution -
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street City	State Zip Code	Date of Receipt M
McAllen FEC ID number of contributing federal political committee. Name of Employer	TX 78504	Amount of Each Receipt this Period 50.00 contribution
self-employee Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Leonardo Salcedo Mailing Address 5409 N. 1st Street		Date of Receipt
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.26423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin Salinas Mailing Address 801 W. 2th		Date of Receipt
City Mercedes	State Zip Code TX 78578	7 Transaction ID : SA11AI.25732 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin Salinas		Date of Receipt
Mailing Address 801 W. 2th		05 15 2014
City Mercedes	State Zip Code TX 78578	Transaction ID : SA11AI.26077 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
SUBTOTAL of Receipts This Page (optional).	•	250.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee - PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Benjamin Salinas Mailing Address 801 W. 2th City Mercedes FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78578 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M M M 2014 Transaction ID: SA11Al.26424 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25733 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	300.00

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or f	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Α.	Full Name (Last, First, Middle Initial) Dr. Mariano Salinas Mailing Address 2203 Red River		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
-	City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26425 Amount of Each Receipt this Period
1	FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
	selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	City Mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.25734 Amount of Each Receipt this Period 125.00
;	Name of Employer Self employed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
C.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City	State Zip Code	Date of Receipt 05 15 2014 Transaction ID: SA11AI.26079
Î	Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For:	TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 125.00 contribution
SI	Primary General Other (specify) ▼ JBTOTAL of Receipts This Page (optional)	625.00	350.00
TC	OTAL This Period (last page this line number of	only)	

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

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	325.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 195 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2804 Santa Lydia City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25736 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) C. Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) ▼ General	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	per only)	600.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868	Date of Receipt	
City McAllen	State Zip Code TX 78503	Transaction ID : SA11Al.26428 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Ms Elena Santoy Mailing Address 416 N. 17th Street		Date of Receipt 05 15 2014
City Donna	State Zip Code TX 78537	Transaction ID : SA11Al.26083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms Elena Santoy		Date of Receipt
Mailing Address 416 N. 17th Street	Charles	06 13 / Y = Y = Y = Y
City Donna	State Zip Code TX 78537	Transaction ID : SA11AI.26430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	- contribution
SUBTOTAL of Receipts This Page (optional)		350.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M M / 16 2014 Transaction ID: SA11AI.25740 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 15 2014 Transaction ID : SA11AI.26085 Amount of Each Receipt this Period 100.00 contribution
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	300.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt 04 16 2014
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.25742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt 05 15 2014
City mcallen	State Zip Code TX 78503	Transaction ID : SA11Al.26087 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) . Tawhid Shuaib		Date of Receipt
Mailing Address 4000 Burns Drive		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.26435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 2400.00	- contribution
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	e to solicit contributions from such committee.				
BORDER HEALTH FEDERA	AL PAC					
Full Name (Last, First, Middle Initial) Dr. Herschel Siberman		Date of Receipt				
Mailing Address 609 Tulip		05 15 2014				
City	State Zip Code	Transaction ID : SA11AI.26088				
McAllen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	Aggregate real to bate V	1				
Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial) Dr. Herschel Siberman	'	Date of Receipt				
Mailing Address 609 Tulip		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	06 13 2014 Transaction ID : \$41141 36436				
McAllen	TX 78504	Transaction ID : SA11AI.26436 Amount of Each Receipt this Period				
FEC ID number of contributing		Amount of Each Moonpt this Follow				
federal political committee.	C	50.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name (Last, First, Middle Initial) Dennis Slavin	I	Data of Receipt				
·		Date of Receipt				
Mailing Address 1501 S. Oklahoma		04 16 _2014 _				
City	State Zip Code	Transaction ID : SA11AI.25746				
weslaco	TX 78596	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer	Name of Employer Occupation					
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General		1				
Other (specify) ▼	400.00					
SUBTOTAL of Receipts This Page (options	al)	200.00				
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TOTAL This Period (last page this line nur	mber only)					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		

/		
Full Name (Last, First, Middle Initial) Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City weslaco	State Zip Code TX 78596	Transaction ID : SA11Al.26091 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- Contribution
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Dennis Slavin Mailing Address 1501 S. Oklahoma		Date of Receipt
City	State Zip Code TX 78596	06 13 2014 Transaction ID : SA11AI.26439
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet City	State Zip Code	04 16 2014 Transaction ID : SA11Al.25748
Mcallen FEC ID number of contributing	TX 78501	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	150.00 contribution
self-employed Receipt For:	physician Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional	<u>)</u>	350.00
TOTAL This Period (last page this line numl	per only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City	State Zip Code	05 15 2014 Transaction ID : SA11Al.26093
Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City Mcallen	State Zip Code TX 78501	06 13 2014 Transaction ID : SA11Al.26441 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar		04 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.25749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1600.00	- contribution
SUBTOTAL of Receipts This Page (optional)		700.00
TOTAL This Period (last page this line number	r only)	

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Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 101 South Greenbriar City McAllen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78502	Date of Receipt M
McAllen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	
self-employee	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Hector Soto Mailing Address 404 South Occupations		Date of Receipt
Mailing Address 101 South Greenbriar	Ctate 7in Code	06 13 2014
City	State Zip Code TX 78502	Transaction ID : SA11AI.26443
McAllen FEC ID number of contributing federal political committee.	TX 78502	Amount of Each Receipt this Period 400.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup		Date of Receipt
Mailing Address 8109 N. 1st Street		04 16 2014
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.25753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		900.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Jyothi Swarup Mailing Address 8109 N. 1st Street		Date of Receipt
City	State Zip Code	05 15 2014 Transaction ID : SA11AI.26098
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed Receipt For:	physician Aggregate Veer to Date	\dashv
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Jyothi Swarup		Date of Receipt
Mailing Address 8109 N. 1st Street		06 13 2014
City	State Zip Code	Transaction ID : SA11Al.26447
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed Receipt For:	physician	4
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. Alejandro Tey		Date of Receipt
Mailing Address 3012 Laurie Lane		04 16 _ 2014 _
City	State Zip Code	Transaction ID : SA11Al.25756
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
Self employed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (options	al) >	450.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee	to contributions from such committee.
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 05 15 2014 Transaction ID : SA11Al.26101 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane City Edinburg FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26450 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Address 112 S. Broadway City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	>	750.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Jose Trejo Mailing Addrsos 440 C. Breedway		Date of Receipt
Mailing Address 112 S. Broadway		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.26104
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26453
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati	I	Date of Receipt
Mailing Address 9123 1st Street		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25761
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
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An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati Date of Receipt Mailing Address 9123 1st Street 2014 15 City State Zip Code Transaction ID: SA11AI.26106 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Krishna Turlapati Date of Receipt Mailing Address 9123 1st Street 06 13 2014 City State Zip Code Transaction ID: SA11AI.26455 McAllen TX 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Susan Turley Date of Receipt Mailing Address 312 Thunderbird 04 16 2014 Zip Code City State Transaction ID: SA11AI.25762 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Susan Turley Mailing Address 242 Thursdarkind		Date of Receipt
Mailing Address 312 Thunderbird		05 15 2014
City	State Zip Code	Transaction ID : SA11AI.26107
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		06 13 _2014 _
City	State Zip Code	Transaction ID : SA11AI.26456
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) C. Marcel Twahirwa	I	Date of Receipt
Mailing Address 2403 El Encino Drive		04 16 2014
City	State Zip Code	Transaction ID : SA11AI.25763
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee - PAC	to solidit contributions from such committee.
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	•	550.00

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Full Name (Last, First, Middle Initial) Lourdes Uribe Mailing Address 801 E. Nolana		_
•		
Mailing Address OUT E. NUIANA		Date of Receipt 06 13 2014
City	State Zip Code	Transaction ID : SA11Al.26458
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
Self employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) . Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		04 16 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25765
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares		Date of Receipt
Mailing Address 2302 Red River Drive		05 15 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.26110
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional).		250.00

FOR LINE NUMBER: PAGE 210 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address 2302 Red River Drive City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle City rio grande city FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78582 C Occupation physician Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).	<u> </u>	600.00

SCHEDULE A (FEC Form 3X)

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Jose Vasquez Date of Receipt Mailing Address 2548 Palm Circle 2014 13 City State Zip Code Transaction ID: SA11AI.26460 TX rio grande city 78582 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Carlos Vela Date of Receipt Mailing Address P.O. Box 1909 05 15 2014 City State Zip Code Transaction ID: SA11AI.26114 TX 78573 Mission Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carlos Vela Date of Receipt Mailing Address P.O. Box 1909 M M / 2014 06 13 City State Zip Code Transaction ID: SA11AI.26463 TX Mission 78573 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt
City McAllen	State Zip Code TX 78503	04 16 2014 Transaction ID : SA11AI.25770 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt 05 15 2014
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.26115 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		06 13 / Y=Y=Y=Y
City McAllen	State Zip Code TX 78503	Transaction ID : SA11Al.26464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1500.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D M 2014 Transaction ID : SA11AI.25773 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 2400.00	Date of Receipt 06 13 2014 Transaction ID : SA11Al.26467 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.25775 Amount of Each Receipt this Period
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Carlos Villalta Mailing Address P. O. Box 1632		Date of Receipt 05 15 2014
City mission	State Zip Code TX 78573	Transaction ID : SA11Al.26120 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) Carlos Villalta	·	Date of Receipt
Mailing Address P. O. Box 1632		06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78573	Transaction ID : SA11AI.26469 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional).		375.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than usi	ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) A. Rita Villanueva Mailing Address 801 E. Nolana		Date of Receipt
Suite 4 City	State Zip Code	04 16 2014
mcallen	TX 78504	Transaction ID : SA11AI.25776
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana Suite 4		05 15 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.26121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) C. Rita Villanueva		Date of Receipt
Mailing Address 801 E. Nolana Suite 4		06 13 2014
City mcallen	State Zip Code TX 78504	Transaction ID : SA11Al.26470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
(opposite) \		
SUBTOTAL of Receipts This Page (option	nal)	150.00
TOTAL This Period (last page this line nu	mber only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt
City	State Zip Code TX 78577	04 16 2014 Transaction ID : SA11AI.25778 Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee.	С	
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Victor Villarreal Mailing Address 901 W. Moore		Date of Receipt
City	State Zip Code TX 78577	05 15 2014 Transaction ID : SA11Al.26123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	90.00
Name of Employer selfemployed Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Victor Villarreal		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 W. Moore		
City pharr	State Zip Code TX 78577	Transaction ID : SA11AI.26472 Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee.	С	
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 540.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		270.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any person e name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC			
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt		
City	State Zip Code	04 16 2014 Transaction ID : SA11AI.25779		
mcallen	TX 78502	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			
Full Name (Last, First, Middle Initial) 3. Roger Vitko Mailing Address 1017 south 1st		Date of Receipt		
Mailing Address 1017 south 1st City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.26124 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) C. Roger Vitko		Date of Receipt		
Mailing Address 1017 south 1st		06 13 2014		
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.26473 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00			
SUBTOTAL of Receipts This Page (optional)		450.00		
TOTAL This Period (last page this line number	only)			

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25780 Amount of Each Receipt this Period 250.00 contribution
Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26474 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	or only)	

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BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
Mailing Address 312 Redbud		04 16 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.25781
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James Webb		Date of Receipt
Mailing Address 312 Redbud		M = M / D = D / Y = Y = Y
City	State Zip Code	05 15 2014
mcallen	TX 78504	Transaction ID : SA11AI.26126
	1000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	
Full Name (Last, First, Middle Initial) James Webb	<u>'</u>	Date of Receipt
Mailing Address 312 Redbud		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.26475
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL							
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande	Patrick Wilcox						
City mission	State Zip Code TX 78572	04 16 2014 Transaction ID : SA11AI.25782 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	- contribution					
Full Name (Last, First, Middle Initial) 3. Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt 05 15 2014					
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.26127 Amount of Each Receipt this Period 100.00					
Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution					
Primary General Other (specify) ▼	500.00						
Full Name (Last, First, Middle Initial) Patrick Wilcox Mailing Address 111 Rio Grande		Date of Receipt 06 13 2014					
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.26476 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 600.00	contribution					
SUBTOTAL of Receipts This Page (optional)	•	300.00					
TOTAL This Period (last page this line number	r only)						

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F								
Full Name (Last, First, Middle Initial) Ms Teresa Wilson Mailing Address 1520 Xanthisma		Date of Receipt 05 15 2014						
City McAllen								
FEC ID number of contributing federal political committee.	C	50.00 contribution						
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation investor Aggregate Year-to-Date ▼ 250.00							
Full Name (Last, First, Middle Initial) Ms Teresa Wilson Mailing Address 1520 Xanthisma		Date of Receipt						
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26478 Amount of Each Receipt this Period 50.00						
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation investor Aggregate Year-to-Date ▼ 300.00	contribution						
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen	State Zip Code TX 78504	Date of Receipt 04 16 2014 Transaction ID : SA11Al.25787 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer	Occupation	300.00 contribution						
Self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1200.00							
SUBTOTAL of Receipts This Page (optional)	····	400.00						
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1500.00	Date of Receipt 05
Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1800.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 16 2014 Transaction ID: SA11AI.25788 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

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or for confinercial purposes, other	er than using the name and address of any political committee	to Solicit Contributions from Such Committee.
NAME OF COMMITTEE (IN F BORDER HEALTH I	FEDERAL PAC	
Full Name (Last, First, Middle Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For:	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Primary Gener Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 06 13 2014 Transaction ID: SA11AI.26482 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Hugo Zapata Mailing Address 316 Xenops City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Gener Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 04 16 2014 Transaction ID : SA11AI.25789 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Pa	age (optional)	900.00
TOTAL This Period (last page t	his line number only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Hugo Zapata Mailing Address 316 Xenops		Date of Receipt
City mcallen	State Zip Code TX 78504	05 15 2014 Transaction ID : SA11AI.26134 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) 3. Hugo Zapata Mailing Address 316 Xenops		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.26483 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1800.00	contribution
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane	Stoto 7:- O-d-	Date of Receipt 04 16 2014
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.25791 Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	875.00
TOTAL This Period (last page this line numbe	r only)	

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

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	FOR	LINE	NU	MBER	:	PAGE	2	25 OF	241
	(che	ck only	or	ne)					
	X	11a		11b		11c		12	
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	05 15 2014 Transaction ID : SA11AI.26136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	75.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	physician Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt 06 13 2014
City Edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.26485 Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City FEC ID number of contributing	State Zip Code	Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	150.00
TOTAL This Period (last page this line number	only)	120659.56

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S	CHEDULE B (FEC Form 3X)			EOD LINE	MILIMAD					PAGE	226	OF	241
	EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only	_	Ln.						<u> </u>	
11	LIVIIZED DISBURSEIVIEN IS		category of the	(Shock only	2:	2 [23			24	25		7 26
		Detailed	Summary Page	27	2	Ba	28k)	H:	28c	29		30b
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	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAG												
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Α.	Full Name (Last, First, Middle Initial)						N:-1						
A.	ATT				Dat	e of [Disbur	ser	nent				
	Mailing Address D.O. Boy 220470				1	M	/ D	10			y y 2014	Y	
	Mailing Address P.O. Box 930170)4		10	,		2014	-	
	City	State	Zip Code		_			_					
	Dallas	TX	75393		Tr	ansa	ction I	D	SB	21B.26	517		
	Purpose of Disbursement				1								
	telephone land lines			001	Amo	ount o	of Eac	h I	Disbu	ırseme	nt this	Peri	od
	Candidate Name			Category/				T			25	2.08	
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	Office Sought: House Disbursen Senate		Ganaral										
	President	Primary Other (spec	General										
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_	Full Name (Last, First, Middle Initial)												
В.	ATT				Dat	e of [Disbur	sei	nent				
						M	/ D				Y Y	Y	
	Mailing Address P.O. Box 930170				1	06		17	_		2014		
	,	State	Zip Code		Tr	ansa	ction	ID	: SB	21B.26	534		
	Dallas Purpose of Disbursement	TX	75393										
	telephone land lines			001	Ame	ount c	of Fac	h I	Dishı	ırseme	nt this	Peri	od
	Candidate Name				, , , , ,							. 511	
				Category/ Type			- (8)				20	06.57	
	Office Sought: House Disbursen	nent For:		-75-7			,			,			
		Primary	General										
	President	Other (spec	cify) 🔻										
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C.	Ms Sandra Escamilla				Dat	e of [Disbur	ser	ment				
					1	M	/ D	0.4	_		Y Y	I Y	
	Mailing Address 1418 Quince)4		04	-		2014		
	City S	State	Zip Code										
	McAllen	TX	78504		Tr	ansa	ction	ID	: SB	21B.26	489		
	Purpose of Disbursement												
	contract services - salary expenditure			001	Amo	ount o	of Eac	h I	Disbu	ırseme	nt this	Peri	od
	Candidate Name			Category/		-	_		-	-	7.	1 70	
				Туре			- 1			7	/1	1.73	
	Office Sought: House Disbursen												
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_	State: District:												
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S	CHEDULE B (FEC Form 3X)			FOR LINE	_ NII	IMPED				PAGE	227	OF	241
	EMIZED DISBURSEMENTS		arate schedule(s)	(check on			•					<u> </u>	
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	for commercial purposes, other than using the name												
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	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla					Date of	f Dis	sburse	ment				
	Moiling Address 4440 October				+	M M	/		D .		Y Y	Y	
	Mailing Address 1418 Quince					04	٠.	2	3		2014	-	
	City	State	Zip Code		+								
	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.26	490		
	Purpose of Disbursement												
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name			Category/							81	88.88	
	000			Туре				7		7		0.00	
	Office Sought: House Disburser Senate		0										
	President	Primary Other (spec	General										
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_	Full Name (Last, First, Middle Initial)												
В.	Ms Sandra Escamilla					Date of	f Dis	burse	ment				
	We Carrara Eccarrina					M M	/	D	D .	/ Y	Y Y	Y	
	Mailing Address 1418 Quince					05		0	2	Ш.	2014		
	•	State	Zip Code			Trans	sacti	on ID	: SB	21B.26	499		
	McAllen Purpose of Disbursement	TX	78504		4								
	contract services - salary expenditure			001		Amoun	t of	Each	Disb	urseme	nt this	Perio	od
	Candidate Name												
				Category/ Type				7		7	7	1.75	
	Office Sought: House Disbursen	nent For:	I										
		Primary	General										
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_	State: District:				_								
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Ċ.	Ms Sandra Escamilla					Date o	T Dis	sburse	ment				
	Mailing Address 1418 Quince				+	05	/	1	D A		Y Y Y 2014	Y	
	Mailing Address 1418 Quince					0.5		1	5		2014	-	
	City	State	Zip Code		+	T		ar IP	. 05	245 22	· E O O		
	McAllen	TX	78504			irans	acti	טו חט	. 9B	21B.26	500		
	Purpose of Disbursement contract services - salary expenditure	<u> </u>		1									
				001		Amoun	t of	Each	Disb	urseme	nt this	Perio	bo
	Candidate Name			Category/							71	1.73	
	Office Sought: House Disburser	nent For		Туре	\dashv		-	7		7			
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	President	Other (spec											
	State: District:	()	- · · •										
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s	UBTOTAL of Disbursements This Page (optional)										226	2.36	
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S	CHEDULE B (FEC Form 3X)			FOR LINI	ייא בו	IMPED				PAGE	228	OF	241
	EMIZED DISBURSEMENTS		arate schedule(s)	(check or						·/\aL		<u> </u>	
"	LIVIIZED DISDUNSEIVIEN IS		category of the	X 21k		22		23		24	25		26
		Detailed	Summary Page	27	. -	28a		28b	H	28c	29		30b
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	for commercial purposes, other than using the name												
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\angle													
	Full Name (Last, First, Middle Initial)												
Α.	Ms Sandra Escamilla					Date of	f Dis	burse	ment				
	Matter Address 4440 O. J.				_	M I M	/		D /		Y Y	Y	
	Mailing Address 1418 Quince					05	٠.	30	J	_	2014		
	City S	State	Zip Code										
	McAllen	TX	78504			Trans	acti	on ID	: SB	21B.26	508		
	Purpose of Disbursement												
	contract services - salary expenditure			001		Amoun	t of	Each	Disbu	ırseme	nt this	Perio	od
	Candidate Name			Category/	'					-	71	1.73	
				Type		_	-	7		7		1.73	
	Office Sought: House Disburser												
		Primary	General										
	State: District:	Other (spe	city) 🔻										
_	Full Name (Last, First, Middle Initial)												
В.						Date of	f Dis	hurse	ment				
٥.	IVIS Sanura Escamilia					M = M	, Dic	D			Y	V	
	Mailing Address 1418 Quince					06	1	1			2014	- 1	
	a garage into admiss					- 1							
	City S	State	Zip Code			Trans	sacti	on ID	SB	21B.26	509		
	McAllen	TX	78504			TT COLL	Juoti	011 10	. 00		000		
	Purpose of Disbursement contract services - salary expenditure			004		Λ			D:-b.			Davia	
	Candidate Name			001		Amoun	ιοι	Eacn	DISDU	ırseme	nt this	Perio	oa
	Candidate Name			Category/ Type							78	88.02	
	Office Sought: House Disbursen	nent For:		туре	-			7		7			
		Primary	General										
	President	Other (spec	cify) 🔻										
	State: District:												
	Full Name (Last, First, Middle Initial)												
C.	Ms Sandra Escamilla					Date of	f Dis	burse	ment				
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	Mailing Address 1418 Quince					06		2	7		2014		
	City	State	Zip Code										
	McAllen	TX	78504			Trans	sacti	on ID	: SB	21B.26	515		
	Purpose of Disbursement			_									
	contract services - salary expenditure			001		Amoun	t of	Each	Disbu	ırseme	nt this	Perio	od
	Candidate Name			Category/	'		-	-	-	-	7.0	0.00	
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	Office Sought: House Disburser												
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMB	ER:			PAG	E 229	OF 2	41
IT	EMIZED DISBURSEMENTS	Use separate schedule(for each category of the		(check on	ly one)							
		Detailed Summary Page		X 21b		L	23		24	25		26
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\setminus	NAME OF COMMITTEE (In Full)											
	BORDER HEALTH FEDERAL PAC)										
_	Full Name (Last, First, Middle Initial)											
Α.	Nicole Gonzales-Leal				Dat	e of	Disburs	eme		YYY	Y	
	Mailing Address 2401 W. Rhin Drive				L	04		04		2014		
	•	State Zip Code			т,	anca	ction II	n · s	B21B.2	6488		
	Edinburg	TX 78539			╡ "	unou	01.011 1.		,DE	0400		
	Purpose of Disbursement contract labor			001	Am	ount	of Eacl	n Dis	sbursem	ent this	Period	Í
	Candidate Name			Category/ Type			-		- 7	804	1.40	
	Office Sought: House Disbursen	nent For:		71	1 _				,			
		Primary General										
		Other (specify) ▼										
_	State: District:											
R	Full Name (Last, First, Middle Initial) Nicole Gonzales-Leal				Dat	a of l	Disburs	eme	nt			
٥.	Nicole Gonzales-Leal				_	- M		■ D		YY	V	
	Mailing Address 2401 W. Rhin Drive				_	04		18		2014	Y	
	,	State Zip Code TX 78539			Ti	ansa	ction I	D : S	B21B.2	6491		
	Edinburg Purpose of Disbursement	1/ /8539	_		-							
	contract labor		Ш	001	Am	ount (of Each	n Dis	sbursem	ent this	Period	ĺ
	Candidate Name			Category/ Type			-			96	5.38	1
	Office Sought: House Disbursen	nent For:		.,,,,,	1 _				,			
		Primary General										
		Other (specify) ▼										
_	State: District:											
C	Full Name (Last, First, Middle Initial) Nicole Gonzales-Leal				Dat	e of l	Disburs	eme	ent			
•	Nicole Golizales-Leal					M		D D		YY	Y	
	Mailing Address 2401 W. Rhin Drive				_	05		02		2014		
		State Zip Code TX 78539			Ti	ansa	ction I	D : S	B21B.2	6498		
	Edinburg Purpose of Disbursement	76559			-							
	contract labor		Ш	001	Am	ount (of Fact	n Dis	sbursem	ent this	Period	ı
	Candidate Name		1 -	Category/ Type			-				1.49	1
	Office Sought: House Disbursen	nent For:		7F -	-		7		- 1			
	Senate	Primary General										
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5	SUBTOTAL of Disbursements This Page (optional)			······			1		-1	2574	.27]
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAG	E 230 (OF 241
IT	EMIZED DISBURSEMENTS		category of the	(check only	one)				
			Summary Page	X 21b	22	23 28b	24 28c	25 29	26
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<u> </u>	NAME OF COMMITTEE (In Full)		, position						
$ \rangle$	BORDER HEALTH FEDERAL PAC								
\angle		-							
_	Full Name (Last, First, Middle Initial)				F :	(D: :			
A.	Nicole Gonzales-Leal					f Disburse			
	Mailing Address 2401 W. Rhin Drive				05	/ D	6 / Y	2014	Y
	2101 1.11111 2.110				- 55	-			_
		State	Zip Code		Trans	action ID	: SB21B.2	6501	
	Edinburg	TX	78539		ITALIS	action ib	. 30210.2	0301	
	Purpose of Disbursement contract labor			001	Amoun	t of Each	Disbursem	ant this	Pariod
	Candidate Name				Amoun	. o. Lacii	2.000ti 3EIII	VIII 11113	. Cilou
				Category/ Type				804	4.49
	Office Sought: House Disbursen	nent For:							
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R	Full Name (Last, First, Middle Initial) Nicole Gonzales-Leal				Date o	f Disburse	amont		
٥.	Nicole Gonzales-Leal				M M	/ D		YY	V
	Mailing Address 2401 W. Rhin Drive				05		30	2014	
	•	State	Zip Code		Trans	saction ID	: SB21B.2	6507	
	Edinburg Purpose of Disbursement	TX	78539						
	contract labor			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Category/					
				Туре				804	4.49
	Office Sought: House Disbursem								
		Primary	General						
	State: District:	Other (spe	city) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	Nicole Gonzales-Leal				Date o	f Disburse	ement		
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	Mailing Address 2401 W. Rhin Drive				06	1	3	2014	
	City	State	Zip Code						
		TX	78539		Trans	saction ID	: SB21B.2	6510	
	Purpose of Disbursement								
	contract labor			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Category/				805	5.93
	Office Sought: House Disbursen	ent For:		Туре		-	7		
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5	SUBTOTAL of Disbursements This Page (optional)							2414	1.91
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l 1	OTAL This Period (last page this line number only).								

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S	CHEDULE B (FEC Form 3X)	l		FOR LINE	NUMBER	:	PAG	E 231	OF 241
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl	y one)				
			Summary Page	X 21b	22	23	24	25	26
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	NAME OF COMMITTEE (In Full)		, perme				,,,,,,		
$ \rangle$	BORDER HEALTH FEDERAL PAC								
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_	Full Name (Last, First, Middle Initial)				5 :	(D: :			
A.	Nicole Gonzales-Leal					f Disburse			
	Mailing Address 2401 W. Rhin Drive				06	27		2014	Y
	Zioi Wilam Billo				40	تحا ا			_
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	Edinburg Rurness of Dishursement	TX	78539		lians	Jacaton ID	. 552 16.2	JJ 17	
	Purpose of Disbursement contract labor			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name				, anodi	01 Euoi1	000100111	J. I. IIII	. 51150
				Category/ Type				80	5.93
	Office Sought: House Disbursen	nent For:							
		Primary	General						
		Other (spec	cify) 🔻						
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В.	Full Name (Last, First, Middle Initial) Internal Revenue Services				Date o	f Disburse	ment		
٠.	internal Neverlue Services				M M			Y	Υ
	Mailing Address 324 25th Street				04	1		2014	
	•	State	Zip Code		Trans	saction ID	: SB21B.2	6492	
	Odgen Purpose of Disbursement	UT	84401		-				
	quarterly tax deposits - IRS			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Category/			-		4.04
				Type			7	148	4.84
	Office Sought: House Disbursen								
		Primary	General						
	State: District:	Other (spec	ony) ▼						
_	Full Name (Last, First, Middle Initial)								
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	Mailing Address 324 25th Street				05	05	5	2014	
	City	State	Zip Code						
	,	UT	2ip Code 84401		Trans	saction ID	: SB21B.2	6497	
	Purpose of Disbursement				1				
	quarterly tax deposits - IRS			001	Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Category/				110	6.84
	Office Sought: House Disbursen	aont Eori		Туре			7		
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s	SUBTOTAL of Disbursements This Page (optional)			·····•		1 9		2407	7.61
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S	CHEDULE B (FEC Form 3X)			FOR I	INF N	IUMBER:				PAGE	232 ()F	241
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\setminus	NAME OF COMMITTEE (In Full)												
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_	Full Name (Last, First, Middle Initial)												
Α.	Internal Revenue Services					Date of		rsem		Υ	YY	Υ	
	Mailing Address 324 25th Street					06	<u> </u>	02	_	2	2014		
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	Odgen Purpose of Disbursement	UT 8	34401										
	quarterly tax deposits - IRS			001		Amount	of Ea	ch D	Disbu	ırsemer	nt this I	Perio	od
	Candidate Name			Category Type	'/		,	Ξ	Ξ	,	2191	.99]
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		Primary	General										
		Other (specify	\										
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R	Full Name (Last, First, Middle Initial) Internal Revenue Services					Date of	Diehu	ream	nant				
٠.	internal Revenue Services					M M)		V	Y Y	V	
	Mailing Address 324 25th Street					06		30			2014		
	City	state Z	ip Code			Trans	action	ın ·	SR	21B.26	513		
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	Purpose of Disbursement quarterly tax deposits - IRS			001	7	Amount	of Ea	ch D	Disbu	ırsemer	nt this I	Perio	od
	Candidate Name			Category Type	-/			Ι		7	2937	'.20	
	Office Sought: House Disbursen	ent For:								,			
		Primary	General										
	President State: District:	Other (specify	▼										
_	Full Name (Last, First, Middle Initial)												
C.	Ms Prisylla Jasso					Date of							
	Mailing Address 213 Quail Court					04		04	_		2014	Y	
	City	state Z	ip Code			T			000	1 D 00	407		
	McAllen		8502			Irans	action	ID :	SBZ	21B.264	487		
	Purpose of Disbursement contract services - salary expenditure				71								
	Candidate Name			001	41	Amount	of Ea	ch D	Disbu	ırsemer	nt this I	Perio	d
	Candidate Name			Category Type	/			Τ	Τ		1366	.72	П
	Office Sought: House Disbursen	ent For:			\neg		7			7			
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	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I	_	only o	_							
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H.	Ms Prisylla Jasso					Date o	_						
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	Senate Disburser	Primary General											
	President	Other (specify)											
	State: District:	· · · · · · · · · · · · · · · · · · ·											
	Full Name (Last, First, Middle Initial)												
В.	Ms Prisylla Jasso					Date o	f Di	sburse	ment				
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	Mailing Address 213 Quail Court					05		0	2		2014		
	City	Ctoto 7:- Oada											
	City McAllen	State Zip Code TX 78502				Trans	sact	ion ID	: SB	21B.2	6496		
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	contract services - salary expenditure			001		Amoun	t of	Each	Disbu	rsem	ent this	Period	d
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	Senate President	Primary General											
	State: District:	Other (specify) ▼											
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C	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso					Date o	f Di	sburse	ment				
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	Mailing Address 213 Quail Court					05		10	_	ľ	2014	_ '	
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	McAllen Purpose of Disbursement	TX 78502											
	contract services - salary expenditure			01		A	1 -1	F	Diet			David	
	Candidate Name			-		Amoun	ιof	⊨ach	DISDL	rsem	ent this	Period	d
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	Office Sought: House Disburser	ment For:	•	,,,,				,	_	7			
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 234 OF 241								
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۸.	Ms Prisylla Jasso					Date of Disbursement						
	Mailing Address 213 Quail Court					м 5		0		Y Y 2014	Y	
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	City	State	Zip Code		т	nce	tion ID	. 60	24 P 22	EOF		
	McAllen	TX	78502		Ira	ınsac	tion ID	: 5B	21B.26	5 05		
	Purpose of Disbursement contract services - salary expenditure			204	.			D				
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	Candidate Name			Category/						146	88.17	
	Office Sought: House Disburser	nent For:		Туре			1		7			-
		Primary	General									
	President	Other (spec										
	State: District:	/-I- 3-	· · ·									
	Full Name (Last, First, Middle Initial)											
В.	Ms Prisylla Jasso				Date	of D	isburse	emen	t			
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	Mailing Address 213 Quail Court					6	1	3		2014		
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	City S McAllen	State TX	Zip Code 78502		Tra	nsac	tion ID	: SE	21B.26	511		
	Purpose of Disbursement	***	10002									
	contract services - salary expenditure			001	Amo	unt o	f Each	Disb	urseme	nt this	Period	
	Candidate Name			Category/					-		20.70	7
				Type		_	7	_	7	136	66.72	_
	Office Sought: House Disbursen											
		Primary	General									
		Other (spec	eity) 🔻									
_	State: District:											
_	Full Name (Last, First, Middle Initial)				Data	of D	isburse	men	ŧ			
٥.	Ms Prisylla Jasso									V		
	Mailing Address 213 Quail Court					м 6		7		2014	= Y	
	2 o dadii oodit											
	City	State	Zip Code		Tre	near	tion In	· SP	21B.26	512		
	McAllen Distriction	TX	78502		'''			. 55	0	J . L		
	Purpose of Disbursement contract services - salary expenditure			004								
	Candidate Name			001	Amo	unt o	f Each	Disb	urseme	nt this	Period	
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	Office Sought: House Disbursen	nent For:		туре			7		7			-
	Senate	Primary	General									
	President	Other (spec										
	State: District:		•									
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s	SUBTOTAL of Disbursements This Page (optional)								-	527	4.40	
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IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	only one)				
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	NAME OF COMMITTEE (In Full)		, p						
$ \rangle$	BORDER HEALTH FEDERAL PAC)							
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Δ	Full Name (Last, First, Middle Initial)				Date o	f Disburse	ment		
Α.	Long Chilton LLP				Date 0	/ D		Y	Y
	Mailing Address 4100 N. 23rd				06	1		2014	.
	City S McAllen	State TX	Zip Code 78504		Trans	action ID	: SB21B.26	535	
	Purpose of Disbursement		70304						
	paysmart payroll services			001	Amoun	t of Each	Disburseme	ent this I	Period
	Candidate Name			Category/				40	0.80
	Office Sought: House Disbursen	ant Far		Туре		7		73	
		Primary	General						
		Other (spe							
_	State: District:								
	Full Name (Last, First, Middle Initial)								
В.	Peppers			Date o	f Disburse				
	Mailing Address 4620 North 10th Street				м = м 06	/ D 1		2014	Υ
	Mailing Address 4620 North Toth Street				00	نسا د		2014	
		State	Zip Code		Trans	saction ID	: SB21B.20	6536	
	McAllen Purpose of Disbursement	TX	78504					-	
	meeting/dinner for pac membership/guests			003	Amoun	t of Each	Disburseme	ent this I	Period
	Candidate Name			Category/	1 11				
				Type		,	7	1707	7.71
	Office Sought: House Disbursem								
		Primary Other (spe	General						
	State: District:	outer (sper	∪y <i>)</i> ▼						
_	Full Name (Last, First, Middle Initial)								
C.	Perkins Coie				Date o	f Disburse	ment		
	Nastra Address ac				M M	/ D		2044	Υ
	Mailing Address 607 Fourteenth Street N.W.			05	20	J	2014		
	City	State	Zip Code		T		. CD045 0	SEOC.	
	Washington	DC	20005		irans	action ID	: SB21B.20	o 3 ∠6	
	Purpose of Disbursement legal fees 001								
	Candidate Name				Amoun	t of Each	Disburseme	ent this I	Period
				Category/ Type			-	863	3.00
	Office Sought: House Disbursen	nent For:					- 1		
		Primary	General						
		Other (spe	cify) 🔻						
	State: District:								
	UBTOTAL of Disbursements This Page (optional)							2620	.51
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Т	OTAL This Period (last page this line number only)								

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 236 OF 241				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	' — ' —			
	Detailed Summary Page	X 21b	22	23 24 25 26		
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC						
/						
Full Name (Last, First, Middle Initial)						
A. Perkins Coie			Date of Di	isbursement		
Mailing Address 607 Fourteenth Street N.W.			06	03 2014		
City	State Zip Code		Transact	tion ID : SB21B.26532		
Washington	DC 20005		. ITAIISACI	1011 15 . 352 15.20332		
Purpose of Disbursement legal fees		001	Amount of	Each Disbursement this Period		
Candidate Name		Category/		49.00		
Office Sought: House Disbursen	ent For:	Туре				
	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
B. Water Tower Village			Date of Di	isbursement		
Mailing Address 52211 N. McColl Road			04	10 2014		
Mailing Address 52211 N. McColl Road			O4	10 2014		
,	state Zip Code		Transact	tion ID : SB21B.26537		
McAllen Purpose of Disbursement	TX 78504		-			
office lease expenditure		001	Amount of	Each Disbursement this Period		
Candidate Name		Category/		4004.05		
		Type		1331.25		
Office Sought: House Disbursen						
	Primary General Other (specify) ▼					
State: District:	Suiter (openity)					
Full Name (Last, First, Middle Initial)						
C. Water Tower Village			Date of Di	isbursement		
Matter Address Tools N. D. J. D.			M M /	D D / Y Y Y Y		
Mailing Address 52211 N. McColl Road			06	05 2014		
City	State Zip Code		Tueness	4: ID - CD04D 00520		
	TX 78504		Iransaci	tion ID : SB21B.26538		
Purpose of Disbursement office lease expenditure		004				
Candidate Name		001	Amount of	Each Disbursement this Period		
		Category/ Type		1331.25		
Office Sought: House Disbursen	ent For:	71: -:				
	Primary General					
	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional)				2711.50		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 237 OF 241						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		(check only one)					
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or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \hspace{.05cm} \rangle$ BORDER HEALTH FEDERAL PAC	,							
Full Name (Last, First, Middle Initial)								
A. AMERIPAC: THE FUND FOR A GI	REATER AMERICA		Date of Disbursement					
	(E) (TEIX) (WIET (10) (M M / D D / Y Y Y Y					
Mailing Address 607 14th Street, NW, Suite 800			04 22 2014					
	7'- 0-1-							
City S Washington	State Zip Code DC 20005		Transaction ID: SB23.26520					
Purpose of Disbursement	20003							
contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
AMERIPAC: THE FUND FOR A GRE	ATER AMERICA	Type	5000.00					
	nent For: 2014							
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. GENE PAC			Date of Disbursement					
- OLNETAO			M M / D D / Y Y Y Y					
Mailing Address 256 N SAM HOUSTON PKWY E S	04 15 2014							
	state Zip Code TX 77060		Transaction ID : SB23.26519					
HOUSTON Purpose of Disbursement	TX 77060							
conribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
GENE PAC		Type	5000.00					
Office Sought: House Disbursen	nent For: 2014							
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. HOYER FOR CONGRESS			Date of Disbursement					
TIOTER FOR CONGRESS			M M / D D / Y Y Y Y					
Mailing Address 607 14th Street, NW			04 23 2014					
Suite 800								
,	State Zip Code DC 20005		Transaction ID : SB23.26521					
Washington Purpose of Disbursement	DC 20005							
contribution		011	Amount of Each Disbursement this Period					
Candidate Name		Category/						
HOYER FOR CONGRESS		Type	5000.00					
	nent For: 2014							
	Primary General							
	Other (specify) ▼							
State: MD District: 05								
SUBTOTAL of Disbursements This Page (optional)			15000.00					
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	for commercial purposes, other than using the name							
$\overline{}$	NAME OF COMMITTEE (In Full)	,,						
/	, ,							
/	[°] BORDER HEALTH FEDERAL PAC	;						
<u>/_</u>								
	Full Name (Last, First, Middle Initial)							
Α.	HOYER FOR CONGRESS			Date of Disbursement				
	Mailing Address 607 14th Street, NW			04 23 2014				
	Suite 800							
	City	State Zip Code						
	•	DC 20005		Transaction ID : SB23.26522				
	Purpose of Disbursement							
	contribution		011	Amount of Each Disbursement this Period				
	Candidata Nama		011	Amount of Lacif Disbursement this Feriod				
	Candidate Name		Category/	5000.00				
	HOYER FOR CONGRESS		Туре	0000.00				
	Office Sought: House Disbursen	nent For: 2014						
	Senate	Primary General						
	President	Other (specify)						
	State: MD District: 05	•						
	Full Name (Last, First, Middle Initial)							
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В.	SWALWELL FOR CONGRESS			Date of Disbursement				
				M M / D D / Y Y Y Y				
	Mailing Address P.O. BOX 2847			05 20 2014				
	City	State Zip Code		Transaction ID : SB23.26529				
	DUBLIN	CA 94568		Transaction is . OB20.20020				
	Purpose of Disbursement							
	contribution		011	Amount of Each Disbursement this Period				
	Candidate Name		Category/					
ERIC MICHAEL SWALWELL			Type	5000.00				
		nent For: 2014	.,,,,					
		Primary General						
		Other (specify) ▼						
	State: CA District: 15							
	Full Name (Last, First, Middle Initial)							
C.	SWALWELL FOR CONGRESS			Date of Disbursement				
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	Mailing Address P.O. BOX 2847			05 20 2014				
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
	City	State Zip Code						
	•	CA 94568		Transaction ID : SB23.26530				
	Purpose of Disbursement	0.000						
	contribution		011					
	Candidate Name		011	Amount of Each Disbursement this Period				
			Category/	5000.00				
	ERIC MICHAEL SWALWELL		Туре	333330				
		nent For: 2014						
	Senate	Primary General						
	President	Other (specify) ▼						
	State: CA District: 15							
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	SUBTOTAL of Disbursements This Page (optional)			15000.00				
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or ue and address of any poli-	used by any perso itical committee to	on tor the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	, per						
BORDER HEALTH FEDERAL PAC	,						
Full Name (Last, First, Middle Initial)							
A. Clinton Foundation			Date of Disbursement				
Mailing Address 1271 Avenue of the Americas 42th floor			04 25 2014				
,	State Zip Code		Transaction ID : SB29.26524				
New York Purpose of Disbursement	NY 10020						
donation		012	Amount of Each Disbursement this Period				
Candidate Name		Category/	25000.00				
0"		Туре	23000.00				
	nent For: Primary General Other (specify) The state of the stat						
State: District:	(-) / \						
Full Name (Last, First, Middle Initial)							
3. Clinton Foundation			Date of Disbursement				
Mailing Address 1271 Avenue of the Americas 42th floor			04 25 2014				
New York	State Zip Code NY 10020		Transaction ID : SB29.26525				
Purpose of Disbursement donation expenditure - non-profit fundraising - meals	s/beverages	003	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	8866.14				
Office Sought: House Disbursem	ent For:						
	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
Full Name (Last, First, Middle Initial)			Date of Disbursement				
			Date of Disbursement				
Mailing Address	State Zip Code						
Mailing Address	itate Zip Code		M = M / D = D / Y = Y = Y				
Mailing Address City S	itate Zip Code	Category/ Type					
Mailing Address City S Purpose of Disbursement	·	Category/ Type	M = M / D = D / Y = Y = Y				
Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate	nent For: Primary General	Category/ Type	M = M / D = D / Y = Y = Y				
Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate President	nent For:	Category/ Type	M = M / D = D / Y = Y = Y				
Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate	nent For: Primary General	Category/ Type	M = M / D = D / Y = Y = Y				
Mailing Address City S Purpose of Disbursement Candidate Name Office Sought: House Disbursem Senate President	nent For: Primary General Other (specify) ▼	Type	M = M / D = D / Y = Y = Y				

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE 240 OF

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241

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 State Zip Code McAllen 78502 Transaction ID: SD10.9553 Outstanding Balance Beginning This Period 900.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 900.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): rental space **AC Rentals** Mailing Address PO Box 2673 City State Zip Code McAllen 78502 TX Outstanding Balance Beginning This Period Transaction ID: SD10.10053 900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 900.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 1mage# 14961532409 PAGE 241 / 241

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Form/Schedule: SD10 Transaction ID: SD10.9553

rent expenditure for office for 1st quarter of 2009 incurred but not paid.

Form/Schedule: SD10 Transaction ID: SD10.10053

rent expenditure for office for 1st quarter of 2009 incurred but not paid.