

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For 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 FEDERAL PAC

ADDRESS (number and street)

612 W. Nolana Suite 340

☐ Check if different than previously reported. (ACC)

McAllen

TX

78504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00415752

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

01

2014

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer

Ernie Perez

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

09

2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		687101.24
(b) Cash on Hand at Beginning of Reporting Period.....	647243.93	
(c) Total Receipts (from Line 19)	129854.56	264095.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	777098.49	951196.30
7. Total Disbursements (from Line 31)	98551.41	272649.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	678547.08	678547.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

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

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

129854.56

264095.06

20. 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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34685.27	123783.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34685.27	123783.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	115000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	33866.14	33866.14
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	98551.41	272649.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	129854.56	259095.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	129854.56	259095.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	34685.27	123783.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	34685.27	123783.08

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

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

FOR LINE NUMBER: PAGE 6 OF 241

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25450

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25794

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ziad Abdeen

Mailing Address 809-A Savannah #3

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26138

Amount of Each Receipt this Period

125.00

contribution

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 241

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 16 2014

Transaction ID : SA11AI.25452

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 15 2014

Transaction ID : SA11AI.25796

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Charity Abreu

Mailing Address 1619 hertiage lane

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 13 2014

Transaction ID : SA11AI.26140

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 241

(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25453

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.25797

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Abreu

Mailing Address 200

E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26141

Amount of Each Receipt this Period

150.00

contribution

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

450.00

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

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

FOR LINE NUMBER: PAGE 9 OF 241

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25454

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25798

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ruben Abreu

Mailing Address 104 augusta square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26142

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 241

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25455

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25799

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Aguilera

Mailing Address 807 North Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26143

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25458

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25802

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Alleyn

Mailing Address 5505 N. 4th

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26146

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 12 OF 241

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25459

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25803

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hillary Almedia

Mailing Address 900 E. Vermont

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26147

Amount of Each Receipt this Period

75.00

contribution

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

225.00

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

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Michael Amyx

Mailing Address 2108 Mynah

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25461

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Michael Amyx

Mailing Address 2108 Mynah

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.25805

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Michael Amyx

Mailing Address 2108 Mynah

City	State	Zip Code
mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26149

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25462

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25806

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jumar B. Apolinario

Mailing Address 2805 Santa Erica

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physicain

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26150

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25807

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26151

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25464

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25808

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dario Arango

Mailing Address 7004

N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26152

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25809

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)..... ►

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daisy Arce

Mailing Address 129 Bluebird

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26153

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25467

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25811

Amount of Each Receipt this Period

100.00

contribution

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

250.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Julio Arias-Viaud

Mailing Address 2600 Santa Paula

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26155

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25468

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25812

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Arrazola

Mailing Address 5114 N. 10th Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26156

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City

Brownsville

State

TX

Zip Code

78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25469

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City

Brownsville

State

TX

Zip Code

78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25813

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danilo Asase

Mailing Address 5216 Kensington Lane

City State Zip Code
 Brownsville TX 78526

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26157

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25470

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25814

Amount of Each Receipt this Period

75.00

contribution

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

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

250.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Marilyn Assistores

Mailing Address 2222 La Condesa Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26158

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25472

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
 Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25816

Amount of Each Receipt this Period

250.00

contribution

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

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

575.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26160

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25817

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Wilfredo Aviles

Mailing Address 2600 Wildwood

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26161

Amount of Each Receipt this Period

50.00

contribution

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

350.00

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25474

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25818

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Roberto A, Ayers

Mailing Address 1900 S. Jackson #7

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26162

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25475

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25819

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Murphy Badiga

Mailing Address 1503 S. Airport
suite 6

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26163

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25820

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Cayetano Barrera

Mailing Address 501 Mockingbird Lane

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26164

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25477

Amount of Each Receipt this Period

125.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25821

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Marcos Barrera

Mailing Address 3000 Yellowhammer

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26165

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Barrera

Mailing Address 420 Frio

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25478

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 only)..... ►

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25822

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Barrera

Mailing Address 420 Frio

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26166

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25480

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25824

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sebrahmanyen Behara

Mailing Address 121 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26168

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25825

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Yuri Bermudez

Mailing Address P.O.Box 1125

City
Pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26169

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25482

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Bernini

Mailing Address 2804 Santa Ana

City
mission

State
TX

Zip Code
78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25826

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Bernini

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26170

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25483

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25827

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sarojini Bose

Mailing Address 7007 N 1st Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26171

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25484

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25828

Amount of Each Receipt this Period

400.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Francisco Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26172

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25829

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

City State Zip Code
 Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26173

Amount of Each Receipt this Period

50.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25487

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25831

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Erasto Canales

Mailing Address 105 Bluebird

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26175

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25832

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Canales

Mailing Address 408 Marigold

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26176

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alonzo Cantu

Mailing Address P.O.Box 2673

City

mcallen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25490

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

Transaction ID : SA11AI.25834

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Alonzo Cantu

Mailing Address P.O.Box 2673

City
mcallenState
TXZip Code
78502FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : SA11AI.26178

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City
EdinburgState
TXZip Code
78539FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

Transaction ID : SA11AI.25836

Amount of Each Receipt this Period

50.00

contribution

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

850.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonel Cantu

Mailing Address 2102 Deborah

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26180

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self-employee

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25837

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Melissa Cantu

Mailing Address 1201 S. Gumwood

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

self-employee

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26181

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25495

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25839

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Joseph Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26183

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25496

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25840

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Cardenas

Mailing Address 1000 N. Taylor Road

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26184

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25841

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Marissa Castaneda

Mailing Address 5021

Elk Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26185

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25499

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25843

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Augusto Castrillon

Mailing Address 223 Rio Grande Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26187

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25500

Amount of Each Receipt this Period

125.00

contribution

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

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

625.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25844

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Norma Cavazos-Salas

Mailing Address 2301 N. Bryan Road

City
mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26188

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. R. Chandrasekharan

Mailing Address 1210 East 8th street
suite 1

City
weslaco

State
TX

Zip Code
78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25501

Amount of Each Receipt this Period

400.00

contribution

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

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

650.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25845

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. R. Chandrarasekharan

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26189

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25502

Amount of Each Receipt this Period

100.00

contribution

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

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

900.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25847

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Virah Cooper

Mailing Address 1801 South 5th Street suite 7

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26191

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25503

Amount of Each Receipt this Period

125.00

contribution

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

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

325.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25848

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Donna Cooper-Dockery

Mailing Address 2301 Solera Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26192

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25505

Amount of Each Receipt this Period

100.00

contribution

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

350.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25850

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Cortez

Mailing Address 4101 South Burns Drive

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26194

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Diana Cortinas

Mailing Address 1400 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25506

Amount of Each Receipt this Period

200.00

contribution

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25851

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Diana Cortinas

Mailing Address 1400 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26195

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25852

Amount of Each Receipt this Period

50.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Guillermo Cortinas

Mailing Address 1224 Northgate Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26196

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25508

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25853

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Cortinas

Mailing Address 1400 Northgate

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26197

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25854

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Hildegardo Costa

Mailing Address 129 Bluebird

City State Zip Code
Mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26198

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25510

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25855

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. James Darling

Mailing Address 1225 E Peking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26200

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25511

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25856

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. David Deanda

Mailing Address 2408 Dorado

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26201

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25857

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Andrew De La Garza

Mailing Address 708 South H Street

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26202

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25513

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25858

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge De La Garza

Mailing Address 120 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26203

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25516

Amount of Each Receipt this Period

150.00

contribution

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

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

650.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25861

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Luis Delgado Jr.

Mailing Address 5128 N. 10th

City State Zip Code
 Mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26206

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Parul Desai

Mailing Address 7004 North 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25517

Amount of Each Receipt this Period

100.00

contribution

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

400.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25862

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Parul Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26207

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25864

Amount of Each Receipt this Period

50.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Satish D. Desai

Mailing Address 7004 North 1st

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26208

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25520

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Duran

Mailing Address 1615 Palazzo

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25866

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Duran

Mailing Address 1615 Palazzo

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26210

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25868

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Kotthegal Eshwar

Mailing Address 108 Yellow Hammer

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26212

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25523

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25869

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Esparza

Mailing Address 136 W. Yucca

City
mcallent

State Zip Code
TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26213

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25525

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25871

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Antonio Falcon

Mailing Address 2768 Pharmacy Road

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26215

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25526

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25872

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26216

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25527

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25873

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alexander Feigl

Mailing Address 110 E. Savannah #101

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26217

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25528

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25874

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Flores

Mailing Address 320 Primrose

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26218

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25877

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Raymond Franklin

Mailing Address 3212 Nightingale Court

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26221

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25532

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25878

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Eugenio Galindo

Mailing Address 5936 N. Cynthia

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26222

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Elvin Garcia

Mailing Address 2800 Santa Teresa

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25533

Amount of Each Receipt this Period

250.00

contribution

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

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

1050.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25879

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Elvin Garcia

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26223

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25534

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25880

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Hiram Garcia

Mailing Address 2712 E Mile 5 Road

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26224

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25538

Amount of Each Receipt this Period

400.00

contribution

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

900.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25883

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Oscar Garcia

Mailing Address 1717 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26227

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25540

Amount of Each Receipt this Period

100.00

contribution

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

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

900.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25885

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ricardo Garcia

Mailing Address 6108 North 5th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26229

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25541

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25886

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Garcia

Mailing Address 137 E. Guardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26230

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25536

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25888

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Garcia-Cantu

Mailing Address 4121 N. 10th #240

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26232

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25546

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25891

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. James Garza

Mailing Address 2821 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26235

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Martin Garza

Mailing Address P.O. Box 180

City State Zip Code
 Linn TX 78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25892

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Martin Garza

Mailing Address P.O. Box 180

City

State

Zip Code

Linn

TX

78563

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26236

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Rene Garza

Mailing Address 5404 N. 1st street

City

State

Zip Code

mcallen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25548

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Rene Garza

Mailing Address 5404 N. 1st street

City

State

Zip Code

mcallen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25893

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 only)..... ►

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rene Garza

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26237

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City State Zip Code
Palmhurst TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25544

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarado North

City State Zip Code
Palmhurst TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25894

Amount of Each Receipt this Period

125.00

contribution

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

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

650.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido North

City

Palmhurst

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

self-employee physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26238

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25549

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25895

Amount of Each Receipt this Period

100.00

contribution

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jesus Garza-Tamez

Mailing Address 1400 W. Gardenia

City State Zip Code
McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26239

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25550

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25896

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lawrence Gelman

Mailing Address 3900 Sundown Drive

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26240

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25551

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
 Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25897

Amount of Each Receipt this Period

250.00

contribution

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

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

900.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Sathiyaraj George

Mailing Address 2607 Solera

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26241

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25553

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25899

Amount of Each Receipt this Period

100.00

contribution

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

450.00

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

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Gillett

Mailing Address 54 South 10th

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26243

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25554

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25900

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26244

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25901

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Felipe Gomez

Mailing Address 2401 SE Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26245

Amount of Each Receipt this Period

50.00

contribution

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

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

200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25556

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25902

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Juan Pablo Gomez

Mailing Address 113 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26246

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Marco Gomez

Mailing Address 2705 Biltmore

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26486

Amount of Each Receipt this Period

35.00

contribution

Full Name (Last, First, Middle Initial)

B. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
 alamo TX 78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25561

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Ada Gonzalez

Mailing Address P.O. Box 9817

City State Zip Code
 alamo TX 78516

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25907

Amount of Each Receipt this Period

75.00

contribution

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

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

185.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ada Gonzalez

Mailing Address P.O. Box 9817

City
alamoState
TXZip Code
78516FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26250

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City
missionState
TXZip Code
78574FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25909

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City
missionState
TXZip Code
78574FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26252

Amount of Each Receipt this Period

50.00

contribution

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

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

175.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Esteban Gonzalez

Mailing Address 2210 Monaco Drive

City State Zip Code
Mission TX 78574

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25910

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
ednburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25565

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
ednburg TX 78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25911

Amount of Each Receipt this Period

250.00

contribution

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

550.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26254

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mark Gonzalez

Mailing Address 2405 Dorado Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25912

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Mark Gonzalez

Mailing Address 2405 Dorado Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26255

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25567

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25913

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Gonzalez-Dickson

Mailing Address 1501 Meadwood

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26256

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25568

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25914

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Verley Gordon

Mailing Address 1700 E. Mile 3 Road

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26257

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25569

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25915

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26258

Amount of Each Receipt this Period

400.00

contribution

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

1200.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25916

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Ruby Guajardo

Mailing Address 2603 Santa Laura

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26259

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Daniel Guerra

Mailing Address 101 S. Broadway

City State Zip Code
Mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25571

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Daniel Guerra

Mailing Address 101 S. Broadway

City	State	Zip Code
Mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.25917

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Daniel Guerra

Mailing Address 101 S. Broadway

City	State	Zip Code
Mcallen	TX	78501

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26260

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcy Guerra

Mailing Address 13337 Borolo Drive

City	State	Zip Code
edinburg	TX	78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25573

Amount of Each Receipt this Period

250.00

contribution

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

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

1050.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25919

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcy Guerra

Mailing Address 13337 Borolo Drive

City
edenburg

State
TX

Zip Code
78541

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26263

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City
edenburg

State
TX

Zip Code
78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25575

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25921

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alberto Gutierrez

Mailing Address 6020 Wisconsin

City

edenburg

State

TX

Zip Code

78539

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26265

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marco Gutierrez

Mailing Address 511 N. Depot Road

City

edenburg

State

TX

Zip Code

78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25576

Amount of Each Receipt this Period

400.00

contribution

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

900.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25922

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
 edinburg TX 78541

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26266

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
 mcallen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25577

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 only)..... ►

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25923

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Miguel Gutierrez

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26267

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25924

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Guzman

Mailing Address 2308 Highway 83 suite f

City State Zip Code
 Penitas TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25925

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Haddad

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26269

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25580

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

c. Thomas Hausle

Mailing Address 701 South J

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25926

Amount of Each Receipt this Period

75.00

contribution

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

550.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Thomas Hausle

Mailing Address 701 South J

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26270

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25927

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Robert Helbing

Mailing Address 820 Tamarack

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26271

Amount of Each Receipt this Period

50.00

contribution

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

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

175.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25584

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25930

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Ambrosio Hernandez

Mailing Address 2000 Dana

City

Pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26274

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25586

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25932

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maximiliano Hernandez

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26276

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25587

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25933

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Maria Hoffman

Mailing Address 802 Inspiration Road

City State Zip Code
 pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26277

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25934

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dynio Honrubia

Mailing Address 5600 North Cynthia

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26278

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
 mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25589

Amount of Each Receipt this Period

250.00

contribution

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

350.00

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

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25935

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Vincent Honrubia

Mailing Address 204 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26279

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25590

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25936

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Syed Husain

Mailing Address 7020 N. 1st

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26280

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
 Pharr TX 78577

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25591

Amount of Each Receipt this Period

400.00

contribution

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

600.00

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

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25937

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Norma Iglesias

Mailing Address 712 S. Cage

City State Zip Code
Pharr TX 78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26281

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25592

Amount of Each Receipt this Period

125.00

contribution

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

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

925.00

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

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. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25938

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jose E. Igoa

Mailing Address 3716 S 'J' Street

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26282

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fructuoso Irigoyen

Mailing Address 717 S. 'G' Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25939

Amount of Each Receipt this Period

50.00

contribution

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

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

300.00

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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fructueso Irigoyen

Mailing Address 717 S. 'G' Street

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26283

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Dinesk Jain

Mailing Address 6208 N. Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.25941

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Dinesk Jain

Mailing Address 6208 N. Cynthia

City	State	Zip Code
McAllen	TX	78504

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26286

Amount of Each Receipt this Period

50.00

contribution

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

150.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25596

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25942

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Danielle Jinenez-Flores

Mailing Address 4212 Lebanon

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26287

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25943

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Belinda Jordan

Mailing Address 2621 Trenton

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26288

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City

mcAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25599

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25945

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Nelson Kalaf

Mailing Address 5401 N. 8th Street

City State Zip Code
mcAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26290

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25600

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25946

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gauri Kanhere

Mailing Address 2548 Palm Circle

City State Zip Code
 rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26291

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25601

Amount of Each Receipt this Period

200.00

contribution

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25947

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Adolfo Kaplan

Mailing Address 7902 N. 2th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26292

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Kambiz Khademi

Mailing Address P.O.Box 3422

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26293

Amount of Each Receipt this Period

40.00

contribution

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

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

440.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25949

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Salman Muhammad Khan

Mailing Address 3435 MacQuarie Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26294

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Gholam Kiani

Mailing Address 213 e. Xenops

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25604

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25950

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gholam Kiani

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26295

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. John Kiker

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25951

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Kiker

Mailing Address 416 N. 17th Street

City State Zip Code
Donna TX 78537

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26296

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25606

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

c. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City State Zip Code
mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25952

Amount of Each Receipt this Period

150.00

contribution

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

350.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mary Elizabeth Klenz

Mailing Address 5111 N. 10th Street

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26297

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25607

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City
weslaco

State
TX

Zip Code
78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25953

Amount of Each Receipt this Period

250.00

contribution

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

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

650.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jorge Kutugata

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26298

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25955

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Leal

Mailing Address 601 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26300

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25956

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ledesma

Mailing Address 5508 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26301

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25615

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25961

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dale Linebarger

Mailing Address 901 West 9th Street
#405

City State Zip Code
austin TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26306

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25616

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25962

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Linette Linsangan

Mailing Address 105 E. Yellowhammer

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26307

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25621

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25967

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alfredo Lopez

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26312

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25622

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

B. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25968

Amount of Each Receipt this Period

25.00

contribution

Full Name (Last, First, Middle Initial)

C. Julio Lopez

Mailing Address 1311 6th E. Street

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26313

Amount of Each Receipt this Period

25.00

contribution

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

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

75.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Lopez

Mailing Address 305 Condor

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25969

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Lopez

Mailing Address 305 Condor

City State Zip Code
McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26314

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25627

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25973

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Salil Mangi

Mailing Address 3801 Sundown Court East

City State Zip Code
 mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26318

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25628

Amount of Each Receipt this Period

125.00

contribution

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

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

625.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25974

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Roberto M. Mangoo-Karim

Mailing Address 3817 Sundown Ct

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26319

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Manrique

Mailing Address 116 Cardinal

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25629

Amount of Each Receipt this Period

400.00

contribution

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 15 2014

Transaction ID : SA11AI.25975

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Manrique

Mailing Address 116 Cardinal

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 13 2014

Transaction ID : SA11AI.26320

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 16 2014

Transaction ID : SA11AI.25630

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25976

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Agustin Martinez

Mailing Address 7603 N. 2nd Lane

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26321

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 1903 W. Smith

City State Zip Code
edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25631

Amount of Each Receipt this Period

250.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25977

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ricardo Martinez

Mailing Address 1903 W. Smith

City
edenburg

State Zip Code
TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfemployed

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26322

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City
Mission

State Zip Code
TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employee

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25632

Amount of Each Receipt this Period

100.00

contribution

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

600.00

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

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25978

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26323

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Santos Martinez

Mailing Address 125 East Yucca

City

State

Zip Code

mcallen

TX

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25633

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25979

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Santos Martinez

Mailing Address 125 East Yucca

City State Zip Code
 mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26324

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City State Zip Code
 Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.25980

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Israel Mata

Mailing Address 2601 Lakeshore Drive

City	State	Zip Code
Edinburg	TX	78539

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26325

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25635

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City	State	Zip Code
Mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.25981

Amount of Each Receipt this Period

100.00

contribution

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

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

250.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Nelson Mata

Mailing Address 1705 Palazzo

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26326

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25984

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Javier Media

Mailing Address 3601 Oakwood Lane

City State Zip Code
Mission TX 78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26329

Amount of Each Receipt this Period

50.00

contribution

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

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

200.00

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

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25639

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25985

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26330

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25986

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Camen Martha Medina

Mailing Address 509 E. Yucca

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26331

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25641

Amount of Each Receipt this Period

400.00

contribution

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

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

500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25987

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Mego

Mailing Address 602 McColl Circle

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26332

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25642

Amount of Each Receipt this Period

90.00

contribution

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

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

890.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

B. Dr. Imtiaz Mehkri

Mailing Address 7120 Ware Road

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Manuel Mercado

Mailing Address 3002 Santa Susana

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

430.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25991

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Mercado

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26336

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Scott Meyer

Mailing Address 2100 School Lane

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26337

Amount of Each Receipt this Period

35.00

contribution

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

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

535.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25647

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25993

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Emil Milano

Mailing Address 225 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26338

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25649

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25995

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos N Mohamed Jr.

Mailing Address 2821 Michael Angelo

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26340

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25996

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samira T. Mohamed

Mailing Address 324 Heron

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26341

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25652

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.25998

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ruben Mohme

Mailing Address 7309 N. 4th Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26343

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25653

Amount of Each Receipt this Period

400.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.25999

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Armando Moncada

Mailing Address 1421 North 2nd Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26344

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Montanez

Mailing Address 100 S. W. Augusta Square

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26000

Amount of Each Receipt this Period

50.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Montanez

Mailing Address 100 S. W. Augusta Square

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26345

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25655

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Morales

Mailing Address 3325 Kent Lane

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26001

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Morales

Mailing Address 3325 Kent Lane

City	State	Zip Code
mcallen	TX	78503

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.26346

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Leonel Moreno

Mailing Address 1608 Woods Drive

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2014

Transaction ID : SA11AI.25657

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Leonel Moreno

Mailing Address 1608 Woods Drive

City	State	Zip Code
mission	TX	78572

FEC ID number of contributing federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : SA11AI.26003

Amount of Each Receipt this Period

250.00

contribution

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

900.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Leonel Moreno

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26348

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26006

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Sivakumari Nandipaty

Mailing Address 1509 N. Misty Lane

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26351

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25662

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26007

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. William O'Callaghan

Mailing Address 111 NE Augusta Square

City State Zip Code
McAllen TX 78504

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26352

Amount of Each Receipt this Period

100.00

contribution

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25663

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26008

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alfonso Ochoa

Mailing Address 1901 W. 18th Street

City

Weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26353

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25665

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26010

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Ricardo Ochoa

Mailing Address 2421 N. 'J' Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26355

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25666

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26011

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Victor Ogunlana

Mailing Address 2604 Santa Teresa

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26356

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25667

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26012

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Noel Oliveira

Mailing Address 9917 Bentsen Road

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26357

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 17 / 2014

Transaction ID : SA11AI.25668

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26013

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Athanaji Orfanos

Mailing Address 3013 Lakeshore Drive

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26358

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26014

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. John Orfanos

Mailing Address 5416 N. Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26359

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Ortiz

Mailing Address 4501 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26016

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Ortiz

Mailing Address 4501 N. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26361

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25672

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Armando Osio

Mailing Address 600 Tulip

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26017

Amount of Each Receipt this Period

250.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Armando Osio

Mailing Address 600 Tulip

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26362

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26018

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City
Mission

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26363

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25674

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26019

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Fernando Otero

Mailing Address 121 E. Quamasia
#148

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26364

Amount of Each Receipt this Period

250.00

contribution

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

750.00

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

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25675

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26020

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Kip Owen

Mailing Address 2305 Red River

City
mcallen

State
TX

Zip Code
78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26365

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26022

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Esteban Palacios Jr.

Mailing Address P.O. Box 3669

City

Edinburg

State

TX

Zip Code

78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26367

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Prakash Palimar

Mailing Address 121 Canary

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25678

Amount of Each Receipt this Period

250.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26023

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26368

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25679

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26024

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Umesh Pathak

Mailing Address 2004 Alexander Drive

City State Zip Code
weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26369

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Harold J. Pean

Mailing Address 700
Brazos

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25680

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26025

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Pean

Mailing Address 700

Brazos

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26370

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

State

Zip Code

Edinburg

TX

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25681

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26026

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Guillermo Pechero

Mailing Address 2312 La Condesa

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26371

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26027

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Alberto Pena

Mailing Address 3716 Tigris

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26373

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25683

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Pena

Mailing Address 100 Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26028

Amount of Each Receipt this Period

400.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Pena

Mailing Address 100 Bluebird

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26374

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Pena

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25684

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Pena

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26029

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Pena

Mailing Address 905 S. Huisache Court

City
pharr

State
TX

Zip Code
78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26375

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25685

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Raul Pena

Mailing Address 3500 San Clemente

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26030

Amount of Each Receipt this Period

125.00

contribution

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

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

650.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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)

A. Dr. Raul Pena

Mailing Address 3500 San Clemente

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26376

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25686

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26031

Amount of Each Receipt this Period

200.00

contribution

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

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

525.00

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Pedro Penalo

Mailing Address 906 S. Bridge

City State Zip Code
Weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26377

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Nicholas Pereira

Mailing Address 7005 North Cynthia

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self-employee

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26378

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25689

Amount of Each Receipt this Period

100.00

contribution

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

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

400.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26034

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Florencia Perez

Mailing Address 4600 Victoria

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26380

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26035

Amount of Each Receipt this Period

50.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Francisco Perez

Mailing Address 4726 S. Jackson

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26381

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26036

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Irene Perez-Young

Mailing Address 109 N. Nueces Park Lane

City

Harlingen

State

TX

Zip Code

78552

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26382

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25692

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26037

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Claudia Pierson

Mailing Address 6912 N. Peking

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26383

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25695

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26040

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Preciado

Mailing Address 521 E. Bluebird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26386

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Prieto-Harris

Mailing Address 7516 N. 3rd

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26041

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Prieto-Harris

Mailing Address 7516 N. 3rd

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26387

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Tin Quach

Mailing Address 100 E. Zenaida

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.15

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26043

Amount of Each Receipt this Period

41.03

contribution

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

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

141.03

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Tin Quach

Mailing Address 100 E. Zenaída

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.18

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26389

Amount of Each Receipt this Period

41.03

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26044

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Maria Quinteros

Mailing Address 702 South 1st Lane

City State Zip Code
 McAllen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26390

Amount of Each Receipt this Period

50.00

contribution

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

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

141.03

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25700

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26045

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Ernesto Ramirez

Mailing Address P.O.Box 720298

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26392

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Ramirez

Mailing Address 5201 N. 10th

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26393

Amount of Each Receipt this Period

40.00

contribution

Full Name (Last, First, Middle Initial)

B. Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25702

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Sergio Ramirez

Mailing Address 1608 Woods Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26047

Amount of Each Receipt this Period

250.00

contribution

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

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

540.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26394

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25703

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Ramos

Mailing Address 1301 S. Perking

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26048

Amount of Each Receipt this Period

300.00

contribution

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

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

850.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Gustavo Ramos

Mailing Address 1301 S. Perking

City
mcallen

State
TX

Zip Code
78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26395

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26049

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Keith Ramos

Mailing Address P.O. Box 4412

City
McAllen

State
TX

Zip Code
78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26396

Amount of Each Receipt this Period

50.00

contribution

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

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

400.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25708

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26053

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Shahid Rashid

Mailing Address 112 Canary

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26400

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25709

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26054

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. R.V. Reddy

Mailing Address 1500 Southland Drive

City State Zip Code
 weslaco TX 78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26401

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25710

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

B. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26055

Amount of Each Receipt this Period

200.00

contribution

Full Name (Last, First, Middle Initial)

C. Vangala Reddy

Mailing Address 605 Tulip

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26402

Amount of Each Receipt this Period

200.00

contribution

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

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

600.00

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

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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
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25712

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26057

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26404

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26058

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Anna Reyes

Mailing Address 320 North 7th Street

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26405

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25714

Amount of Each Receipt this Period

125.00

contribution

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

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

225.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26059

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mihaela Ringheanu

Mailing Address 3214

Banyan Circle

City

Harlingen

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26406

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Homero Rivas

Mailing Address 100 E. Houston

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25715

Amount of Each Receipt this Period

250.00

contribution

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

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

500.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26060

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26407

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25716

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26061

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Benjamin Robalino

Mailing Address 1217 S. Cynthia

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26408

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26062

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Martin Rocha

Mailing Address P.O. Box 662

City

Santa Rosa

State

TX

Zip Code

78593

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26409

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26064

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Ofelia Rodriguez

Mailing Address 112 E. Xenops

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26411

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25721

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26066

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Edgar Rodriguez

Mailing Address 815 Crown Circle

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26413

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25723

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26068

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Henry E. Ruiz

Mailing Address 208 W. Pelician

City

Mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26415

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26069

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Robert Ruiz

Mailing Address 2524 James

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26416

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Paulette Saca

Mailing Address 109 Condor

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25726

Amount of Each Receipt this Period

75.00

contribution

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

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

175.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26071

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26418

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25727

Amount of Each Receipt this Period

400.00

contribution

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

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

550.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26072

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Javier Saenz

Mailing Address 2308 Monaco Drive

City State Zip Code
mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26419

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25728

Amount of Each Receipt this Period

250.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26073

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. JJ Saenz

Mailing Address 2400 S.E. Augusta Square

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26420

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25729

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26074

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Larry Safir

Mailing Address 3300 S. 2nd
suite 10

City State Zip Code
mcallen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26421

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25730

Amount of Each Receipt this Period

250.00

contribution

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26075

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Juan Salazar

Mailing Address 801 E Nolana Loop

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26422

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26076

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Leonardo Salcedo

Mailing Address 5409 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26423

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25732

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26077

Amount of Each Receipt this Period

100.00

contribution

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

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

250.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin Salinas

Mailing Address 801 W. 2th

City

Mercedes

State

TX

Zip Code

78578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26424

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)

C. Dr. Mariano Salinas

Mailing Address 2203 Red River

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26078

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mariano Salinas

Mailing Address 2203 Red River

City State Zip Code
 mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26425

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City State Zip Code
 Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25734

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City State Zip Code
 Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26079

Amount of Each Receipt this Period

125.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Elisa Garza Sanchez

Mailing Address 3509

N. Glasscock

City

State

Zip Code

Mission

TX

78574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26426

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25735

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City

State

Zip Code

mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

selfemployed

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26080

Amount of Each Receipt this Period

100.00

contribution

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

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

325.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Manuel Sanchez

Mailing Address 2804 Santa Lydia

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26427

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 State Zip Code
McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26081

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Mr. Victor Sanchez

Mailing Address P.O. Box 1868

City

McAllen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

private investor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26428

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26083

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Ms Elena Santoy

Mailing Address 416 N. 17th Street

City

Donna

State

TX

Zip Code

78537

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26430

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25740

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)

C. Dr. Samuel Serna

Mailing Address 125 E. Cornell

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26433

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25742

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26087

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Tawhid Shuaib

Mailing Address 4000 Burns Drive

City

mcallen

State

TX

Zip Code

78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26435

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26088

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Herschel Siberman

Mailing Address 609 Tulip

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26436

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25746

Amount of Each Receipt this Period

100.00

contribution

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

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

200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26091

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dennis Slavin

Mailing Address 1501 S. Oklahoma

City

weslaco

State

TX

Zip Code

78596

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26439

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25748

Amount of Each Receipt this Period

150.00

contribution

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

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

350.00

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26093

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Joel Solis

Mailing Address 405 E. Avocet

City

Mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26441

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City

McAllen

State

TX

Zip Code

78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25749

Amount of Each Receipt this Period

400.00

contribution

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

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

700.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.26094

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Hector Soto

Mailing Address 101 South Greenbriar

City State Zip Code
 McAllen TX 78502

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.26443

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City State Zip Code
 McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 16 / 2014

Transaction ID : SA11AI.25753

Amount of Each Receipt this Period

100.00

contribution

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26098

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Jyothi Swarup

Mailing Address 8109 N. 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26447

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25756

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26101

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Alejandro Tey

Mailing Address 3012 Laurie Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26450

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25759

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26104

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Trejo

Mailing Address 112 S. Broadway

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26453

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25761

Amount of Each Receipt this Period

100.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26106

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Krishna Turlapati

Mailing Address 9123 1st Street

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26455

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25762

Amount of Each Receipt this Period

250.00

contribution

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

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

450.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26107

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Susan Turley

Mailing Address 312 Thunderbird

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26456

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City

mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25763

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26108

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26457

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Lourdes Uribe

Mailing Address 801 E. Nolana

City State Zip Code
McAllen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26109

Amount of Each Receipt this Period

50.00

contribution

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

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

550.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Lourdes Uribe

Mailing Address 801 E. Nolana

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26458

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25765

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City

Mission

State

TX

Zip Code

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26110

Amount of Each Receipt this Period

100.00

contribution

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

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

250.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Theresa Valladares

Mailing Address 2302 Red River Drive

City State Zip Code
Mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26459

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25766

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Jose Vasquez

Mailing Address 2548 Palm Circle

City State Zip Code
rio grande city TX 78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26111

Amount of Each Receipt this Period

250.00

contribution

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

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

600.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Jose Vasquez

Mailing Address 2548 Palm Circle

City

rio grande city

State

TX

Zip Code

78582

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26460

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

Mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26114

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Carlos Vela

Mailing Address P.O. Box 1909

City

Mission

State

TX

Zip Code

78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26463

Amount of Each Receipt this Period

50.00

contribution

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

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

350.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25770

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26115

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Efraim Vela

Mailing Address 100 E. Ridge Road #B

City State Zip Code
 McAllen TX 78503

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26464

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25773

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26118

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Ramiro Verdoreen

Mailing Address 301 E. Newport

City

mcallen

State

TX

Zip Code

78501

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26467

Amount of Each Receipt this Period

400.00

contribution

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25775

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

B. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26120

Amount of Each Receipt this Period

125.00

contribution

Full Name (Last, First, Middle Initial)

C. Carlos Villalta

Mailing Address P. O. Box 1632

City
mission

State
TX

Zip Code
78573

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26469

Amount of Each Receipt this Period

125.00

contribution

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

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

375.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25776

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26121

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Rita Villanueva

Mailing Address 801 E. Nolana
Suite 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26470

Amount of Each Receipt this Period

50.00

contribution

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Victor Villarreal

Mailing Address 901 W. Moore

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25778

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

B. Victor Villarreal

Mailing Address 901 W. Moore

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26123

Amount of Each Receipt this Period

90.00

contribution

Full Name (Last, First, Middle Initial)

C. Victor Villarreal

Mailing Address 901 W. Moore

City

pharr

State

TX

Zip Code

78577

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26472

Amount of Each Receipt this Period

90.00

contribution

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

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

270.00

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

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25779

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

B. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26124

Amount of Each Receipt this Period

150.00

contribution

Full Name (Last, First, Middle Initial)

C. Roger Vitko

Mailing Address 1017 south 1st

City State Zip Code
mcallen TX 78502

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26473

Amount of Each Receipt this Period

150.00

contribution

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

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

450.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25780

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26125

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

C. Raymond Walker

Mailing Address 1117 Shallow
apt 4

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26474

Amount of Each Receipt this Period

250.00

contribution

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

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

750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25781

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

B. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26126

Amount of Each Receipt this Period

62.50

contribution

Full Name (Last, First, Middle Initial)

C. James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

private investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26475

Amount of Each Receipt this Period

62.50

contribution

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

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

187.50

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25782

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

B. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26127

Amount of Each Receipt this Period

100.00

contribution

Full Name (Last, First, Middle Initial)

C. Patrick Wilcox

Mailing Address 111 Rio Grande

City State Zip Code
mission TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26476

Amount of Each Receipt this Period

100.00

contribution

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

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

300.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Teresa Wilson

Mailing Address 1520 Xanthisma

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26129

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

B. Ms Teresa Wilson

Mailing Address 1520 Xanthisma

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employee

Occupation

investor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26478

Amount of Each Receipt this Period

50.00

contribution

Full Name (Last, First, Middle Initial)

C. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

04 / 16 / 2014

Transaction ID : SA11AI.25787

Amount of Each Receipt this Period

300.00

contribution

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

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

400.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

Transaction ID : SA11AI.26132

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

B. Subbarao Yarra

Mailing Address 6905

N. Cynthia

City

McAllen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : SA11AI.26481

Amount of Each Receipt this Period

300.00

contribution

Full Name (Last, First, Middle Initial)

c. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City

mcallen

State

TX

Zip Code

78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

Transaction ID : SA11AI.25788

Amount of Each Receipt this Period

250.00

contribution

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26133

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Christopher Zaleski

Mailing Address 6804 N. 1st

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26482

Amount of Each Receipt this Period

250.00

contribution

Full Name (Last, First, Middle Initial)

c. Hugo Zapata

Mailing Address 316 Xenops

City
mcallen

State
TX

Zip Code
78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25789

Amount of Each Receipt this Period

400.00

contribution

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

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

900.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11AI.26134

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

B. Hugo Zapata

Mailing Address 316 Xenops

City State Zip Code
mcallen TX 78504

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.26483

Amount of Each Receipt this Period

400.00

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City State Zip Code
Edinburg TX 78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2014

Transaction ID : SA11AI.25791

Amount of Each Receipt this Period

75.00

contribution

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

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

875.00

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

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.26136

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Fuad Zayed

Mailing Address 1425 Sweet Lane

City

Edinburg

State

TX

Zip Code

78539

FEC ID number of contributing
federal political committee.

C

Name of Employer

selfemployed

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11AI.26485

Amount of Each Receipt this Period

75.00

contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

150.00

120659.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. ATT

Mailing Address P.O. Box 930170

City	State	Zip Code
Dallas	TX	75393

Purpose of Disbursement
telephone land lines

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : SB21B.26517

Amount of Each Disbursement this Period

252.08

Full Name (Last, First, Middle Initial)

B. ATT

Mailing Address P.O. Box 930170

City	State	Zip Code
Dallas	TX	75393

Purpose of Disbursement
telephone land lines

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SB21B.26534

Amount of Each Disbursement this Period

206.57

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : SB21B.26489

Amount of Each Disbursement this Period

711.73

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

1170.38

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SB21B.26490

Amount of Each Disbursement this Period

838.88

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB21B.26499

Amount of Each Disbursement this Period

711.75

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB21B.26500

Amount of Each Disbursement this Period

711.73

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

2262.36

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

05

30

2014

Transaction ID : SB21B.26508

Amount of Each Disbursement this Period

711.73

Full Name (Last, First, Middle Initial)

B. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

06

13

2014

Transaction ID : SB21B.26509

Amount of Each Disbursement this Period

788.02

Full Name (Last, First, Middle Initial)

C. Ms Sandra Escamilla

Mailing Address 1418 Quince

City

McAllen

State

TX

Zip Code

78504

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

06

27

2014

Transaction ID : SB21B.26515

Amount of Each Disbursement this Period

788.03

SUBTOTAL of Disbursements This Page (optional)..... ►

2287.78

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 229 OF 241

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SB21B.26488

Amount of Each Disbursement this Period

804.40

Full Name (Last, First, Middle Initial)

B. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SB21B.26491

Amount of Each Disbursement this Period

965.38

Full Name (Last, First, Middle Initial)

C. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SB21B.26498

Amount of Each Disbursement this Period

804.49

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2574.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 230 OF 241

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 16 2014
Transaction ID : SB21B.26501

Amount of Each Disbursement this Period

804.49

Full Name (Last, First, Middle Initial)

B. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 30 2014
Transaction ID : SB21B.26507

Amount of Each Disbursement this Period

804.49

Full Name (Last, First, Middle Initial)

C. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City Edinburg State TX Zip Code 78539

Purpose of Disbursement
contract labor

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 13 2014
Transaction ID : SB21B.26510

Amount of Each Disbursement this Period

805.93

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

2414.91

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

BORDER HEALTH FEDERAL PAC

A. Nicole Gonzales-Leal

Mailing Address 2401 W. Rhin Drive

City	State	Zip Code
Edinburg	TX	78539

Purpose of Disbursement
contract labor

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.26514

Amount of Each Disbursement this Period

805.93

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

04 / 17 / 2014

Transaction ID : SB21B.26492

Amount of Each Disbursement this Period

1484.84

Full Name (Last, First, Middle Initial)

C. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.26497

Amount of Each Disbursement this Period

116.84

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

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

2407.61

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 241

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SB21B.26506

Amount of Each Disbursement this Period

2191.99

Full Name (Last, First, Middle Initial)

B. Internal Revenue Services

Mailing Address 324 25th Street

City	State	Zip Code
Odgen	UT	84401

Purpose of Disbursement
quarterly tax deposits - IRS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB21B.26513

Amount of Each Disbursement this Period

2937.20

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : SB21B.26487

Amount of Each Disbursement this Period

1366.72

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

6495.91

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
04D D D /
17Y Y Y Y Y Y
2014**Transaction ID : SB21B.26493**

Amount of Each Disbursement this Period

1366.72

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
05D D D /
02Y Y Y Y Y Y
2014**Transaction ID : SB21B.26496**

Amount of Each Disbursement this Period

1366.73

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City

McAllen

State

TX

Zip Code

78502

Purpose of Disbursement

contract services - salary expenditure

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
05D D D /
16Y Y Y Y Y Y
2014**Transaction ID : SB21B.26502**

Amount of Each Disbursement this Period

1468.16

SUBTOTAL of Disbursements This Page (optional)..... ►

4201.61

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 234 OF 241

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB21B.26505

Amount of Each Disbursement this Period

1468.17

Full Name (Last, First, Middle Initial)

B. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : SB21B.26511

Amount of Each Disbursement this Period

1366.72

Full Name (Last, First, Middle Initial)

C. Ms Prisylla Jasso

Mailing Address 213 Quail Court

City	State	Zip Code
McAllen	TX	78502

Purpose of Disbursement
contract services - salary expenditure

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SB21B.26512

Amount of Each Disbursement this Period

2439.51

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

5274.40

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 235 OF 241

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. Long Chilton LLP

Mailing Address 4100 N. 23rd

City
McAllenState
TXZip Code
78504Purpose of Disbursement
paysmart payroll services

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SB21B.26535

Amount of Each Disbursement this Period

49.80

Full Name (Last, First, Middle Initial)

B. Peppers

Mailing Address 4620 North 10th Street

City
McAllenState
TXZip Code
78504Purpose of Disbursement
meeting/dinner for pac membership/guests

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SB21B.26536

Amount of Each Disbursement this Period

1707.71

Full Name (Last, First, Middle Initial)

C. Perkins Coie

Mailing Address 607 Fourteenth Street N.W.

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
legal fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB21B.26526

Amount of Each Disbursement this Period

863.00

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

2620.51

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 237 OF 241

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. AMERIPAC: THE FUND FOR A GREATER AMERICA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Mailing Address 607 14th Street, NW, Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : SB23.26520Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

AMERIPAC: THE FUND FOR A GREATER AMERICACategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. GENE PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

Mailing Address 256 N SAM HOUSTON PKWY E SUITE 278

City	State	Zip Code
HOUSTON	TX	77060

Transaction ID : SB23.26519Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

GENE PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Mailing Address 607 14th Street, NW
Suite 800

City	State	Zip Code
Washington	DC	20005

Transaction ID : SB23.26521Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

HOYER FOR CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 05

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

15000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 238 OF 241

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESSMailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
contribution

Candidate Name

HOYER FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SB23.26522

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
contribution

Candidate Name

ERIC MICHAEL SWALWELLOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB23.26529

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SWALWELL FOR CONGRESS

Mailing Address P.O. BOX 2847

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement
contribution

Candidate Name

ERIC MICHAEL SWALWELLOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB23.26530

Amount of Each Disbursement this Period

5000.00

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

15000.00

30000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

BORDER HEALTH FEDERAL PAC

A. Clinton Foundation



012

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

25000.00

B. Clinton Foundation

04 / 25 / 2014

003

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

8866.14

C.

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The joints are labeled as follows: 1 is at the top-left corner, 2 is at the top-right corner, 3 is at the bottom-right corner, and 4 is at the bottom-left corner.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

33866.14

33866.14

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 240 OF 241

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.9553

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AC RentalsNature of Debt (Purpose):
rental space

Mailing Address PO Box 2673

City State

Zip Code

McAllen

TX

78502

Outstanding Balance Beginning This Period

900.00

Transaction ID : SD10.10053

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1800.00

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

1800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1800.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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