

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

BORDER HEALTH FEDERAL PAC

ADDRESS (number and street) 612 W. Nolana Suite 340

Check if different than previously reported. (ACC)

McAllen TX 78504

2. **FEC IDENTIFICATION NUMBER** C00415752

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 (12G)

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period through

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Electronically Filed by Ernie Perez Date

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)
-----------------	--	--	--	--	--	--	--	--	--	--	--	--------------------------------------

A. Form/Schedule : **F3XA**

Transaction ID :

with regard to contribution made to recipient NRCC on 10/21/2010 reflecting designation receipt as G-2010, intent was to reflect designation receipt as recount 2010.

with regard to recipient marco rubio contribution after primary election date of 10.15.2010. under separate letter to be forwarded reflect contribution returned to bhpac and to be reflected in the semiannual report of first half of 2011 as refund.

with respect to the following recipients, the designation date should have reflected the check date of 10/26/2010 versus the various check clear dates. (becerra for congress, travis w childers, mr. frank m kratovil, jr., levin for congress, william owens, silvestre reyes, bennie g. thompson, mary jo kilroy, chris van hollen, steven leo driehaus, hon john mckee spratt, jr., g k butterfiedl, mr. michael e. mcMahon, charles, b rangel, a.b. candler, III, & grace napolitano).

with regard to recipient joe linus barton contribution of 10.04.2010, designated P-2010, bhpac will be requesting refund, per letter to be sent under separate correspondence.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	X	Y	Y	Y	2	0	1	0		899096.58
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	962973.78									
(c) Total Receipts (from Line 19)	76256.10	346042.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1039229.88	1245139.06								
7. Total Disbursements (from Line 31)	168895.65	374804.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	870334.23	870334.23								
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**

Write or Type Committee Name
BORDER HEALTH FEDERAL PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	73061.50	324717.69
(ii) Unitemized	3194.60	21324.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76256.10	346042.48
(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)	76256.10	346042.48
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76256.10	346042.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76256.10	346042.48

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6395.65	63704.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6395.65	63704.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	162500.00	277500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	33600.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	168895.65	374804.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	168895.65	374804.83

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)	76256.10	346042.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76256.10	346042.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6395.65	63704.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6395.65	63704.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 149
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt	
	Mailing Address 1217 Fullerton		M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13055
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer selfemployed		Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Riad Aboujamous		Date of Receipt	
	Mailing Address 1217 Fullerton		M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13308
	McAllen	TX	78504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer selfemployed		Occupation private investor		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		275.00		

C.	Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt	
	Mailing Address 1619 heritage lane		M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.13056
	mission	TX	78572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer self-employee		Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2500.00		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Charity Abreu

Mailing Address 1619 heritage lane

City State Zip Code
mission TX 78572

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13309

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200
E. Xenops

City State Zip Code
McAllen TX 78504

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.13058

Amount of Each Receipt this Period
150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ricardo Abreu

Mailing Address 200
E. Xenops

City State Zip Code
McAllen TX 78504

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

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

Transaction ID: SA11AI.13311

Amount of Each Receipt this Period
150.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

<p>A. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13057</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Ruben Abreu</p> <p>Mailing Address 104 augusta square</p> <p>City State Zip Code mcallen TX 78503</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employee Occupation self-employee physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2750.00</p>	<p>Date of Receipt 11 / 18 / 2010</p> <p>Transaction ID: SA11AI.13310</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Juan Aguilera</p> <p>Mailing Address 807 North Cage</p> <p>City State Zip Code Pharr TX 78577</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self-employed Occupation self-employed physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 10 / 18 / 2010</p> <p>Transaction ID: SA11AI.13059</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p>
---	---

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Juan 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 ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13312

Amount of Each Receipt this Period
250.00

contribution

B.

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

Mailing Address 1609 Martin

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13060

Amount of Each Receipt this Period
25.00

contribution

C.

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

Mailing Address 1609 Martin

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13313

Amount of Each Receipt this Period
25.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Michael Alleyn
Mailing Address 5505 N. 4th

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 ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13061
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Michael Alleyn
Mailing Address 5505 N. 4th

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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13314
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Alex Ambriz
Mailing Address 15253 Heather

City State Zip Code
Harlingen TX 78552

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13062
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 15253 Heather

City Harlingen State TX Zip Code 78552

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13315

Amount of Each Receipt this Period contribution 25.00

B.

Full Name (Last, First, Middle Initial)
Michael Amyx

Mailing Address 2108 Mynah

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 ▼ 2500.00

Date of Receipt 10 / 18 / 2010

Transaction ID: SA11AI.13063

Amount of Each Receipt this Period contribution 250.00

C.

Full Name (Last, First, Middle Initial)
Michael Amyx

Mailing Address 2108 Mynah

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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13316

Amount of Each Receipt this Period contribution 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Eduardo Aquino

Mailing Address 112 E. Xenops

City State Zip Code
Mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13317
Amount of Each Receipt this Period: 125.00
contribution

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

Mailing Address 7004 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 ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13064
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 7004 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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13318
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13065
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Daisy Arce		Date of Receipt
	Mailing Address 129 Bluebird		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mcallen	TX	78504
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13319
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 550.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Alejandro Arizmendi		Date of Receipt
	Mailing Address 307 N 'D' Salinas Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Donna	TX	78537
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13069
Name of Employer selfemployed		Occupation	Amount of Each Receipt this Period
selfemployed		physician	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 307 N 'D' Salinas Blvd

City State Zip Code
Donna TX 78537

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13320
Amount of Each Receipt this Period: 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13072
Amount of Each Receipt this Period: 125.00
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Felipe Avila

Mailing Address 104 W. 20th Street

City State Zip Code
Weslaco TX 78596

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

Name of Employer self-employed Occupation
self-employed doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13321
Amount of Each Receipt this Period: 125.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13073
Amount of Each Receipt this Period 400.00
contribution

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

Mailing Address 1503 S. Airport
suite 6

City weslaco State TX Zip Code 78596

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13322
Amount of Each Receipt this Period 400.00
contribution

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

Mailing Address 5705 North 4th

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13074
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

FOR LINE NUMBER: PAGE 17 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 5705 North 4th

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13323

Amount of Each Receipt this Period
50.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13075

Amount of Each Receipt this Period
50.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13324

Amount of Each Receipt this Period
50.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 149
(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
							17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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
self-employed 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
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13325

Amount of Each Receipt this Period
125.00

contribution

B.

Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13076

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13326

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 625.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Sebrahmanyam Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.13106

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Sebrahmanyam Behara

Mailing Address 121 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

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

Transaction ID: SA11AI.13327

Amount of Each Receipt this Period

400.00

contribution

C.

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

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13107

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

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

FOR LINE NUMBER: PAGE 20 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2804 Santa Ana

City State Zip Code
mission TX 78574

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13328

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13108

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13329

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13109

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13330

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
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
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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13110

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Yvonne Bracamontes

Mailing Address 2005 Cimarron Court

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: 11 / 18 / 2010
Transaction ID: SA11AI.13331
 Amount of Each Receipt this Period: 50.00
 contribution

B.

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

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13111
 Amount of Each Receipt this Period: 400.00
 contribution

C.

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

Mailing Address 2000 N. 8th Street

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13332
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 429 Umar

City State Zip Code
McAllen TX 78504

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 ▼ 2000.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13113
Amount of Each Receipt this Period: 200.00
contribution

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

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13114
Amount of Each Receipt this Period: 25.00
contribution

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

Mailing Address 1912 Trinity

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13334
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alonzo Cantu
Mailing Address P.O.Box 2673
City State Zip Code
mcallen TX 78502
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13115
Amount of Each Receipt this Period 400.00
contribution

B. Full Name (Last, First, Middle Initial)
Carlos Cardenas
Mailing Address 1000 N. Taylor Road
City State Zip Code
mcallen TX 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13118
Amount of Each Receipt this Period 400.00
contribution

C. Full Name (Last, First, Middle Initial)
Carlos Cardenas
Mailing Address 1000 N. Taylor Road
City State Zip Code
mcallen TX 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13338
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 1016 E. Griffin Parkway	Transaction ID: SA11AI.13119
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed: physician Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00	

B.	Full Name (Last, First, Middle Initial) Jose Carreras	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1016 E. Griffin Parkway	Transaction ID: SA11AI.13339
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed: physician Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00	

C.	Full Name (Last, First, Middle Initial) Marissa Castaneda	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 5021 Elk Lane	Transaction ID: SA11AI.13120
	City Edinburg State TX Zip Code 78539	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed: private investor Occupation: private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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

FOR LINE NUMBER: PAGE 26 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Marissa Castaneda		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 5021 Elk Lane		Transaction ID: SA11AI.13340
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11AI.13121
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Augusto Castrillon		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 223 Rio Grande Drive		Transaction ID: SA11AI.13341
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13122

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 2301 N. Bryan Road

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13342

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1210 East 8th street
suite 1

City State Zip Code
weslaco TX 78591

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2375.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13123

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1210 East 8th street
suite 1

City weslaco State TX Zip Code 78591

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13343
Amount of Each Receipt this Period 125.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13124
Amount of Each Receipt this Period 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Mr. Roel Contreras

Mailing Address 1609 Harvey

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13344
Amount of Each Receipt this Period 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 175.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13125
Amount of Each Receipt this Period: 100.00
contribution

B. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13345
Amount of Each Receipt this Period: 100.00
contribution

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2028.62

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13127
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1400 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2278.62

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13347

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2071.22

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13128

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1224 Northgate Lane

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2321.22

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13348

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 31 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Javier Cortinas
Mailing Address 1400 Northgate
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation
self-employed physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13129
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Javier Cortinas
Mailing Address 1400 Northgate
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer self-employed Occupation
self-employed physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00
Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13349
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
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 self-employed Occupation
self-employed private investor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13132
Amount of Each Receipt this Period: 150.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 650.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 32 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1225 E Peking

City 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 ▼ 1650.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13352
Amount of Each Receipt this Period 150.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13136
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13356
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13134

Amount of Each Receipt this Period
125.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Carlos De Juana

Mailing Address 1105 Zinnia

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13354

Amount of Each Receipt this Period
125.00

contribution

C. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13135

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) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jorge De La Garza

Mailing Address 120 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13355

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13137

Amount of Each Receipt this Period
150.00

contribution

C. Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13357

Amount of Each Receipt this Period
150.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 35 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Ted Disque

Mailing Address 501 Iris

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13138

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Ted Disque

Mailing Address 501 Iris

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13358

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13139

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Alberto Duran	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 1615 Palazzo	Transaction ID: SA11AI.13359
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00	

B.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2411 Durango Drive	Transaction ID: SA11AI.13140
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms Oneida Elizondo	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2411 Durango Drive	Transaction ID: SA11AI.13360
	City Mission State TX Zip Code 78572	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

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

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

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

FOR LINE NUMBER: PAGE 37 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Kotthegal Eshwar
Mailing Address 108 Yellow Hammer
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13141
Amount of Each Receipt this Period
50.00
contribution

B. Full Name (Last, First, Middle Initial)
Kotthegal Eshwar
Mailing Address 108 Yellow Hammer
City State Zip Code
mcallen TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13361
Amount of Each Receipt this Period
50.00
contribution

C. Full Name (Last, First, Middle Initial)
Antonio Esparza
Mailing Address 136 W. Yucca
City State Zip Code
mcallent TX 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13142
Amount of Each Receipt this Period
250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► **350.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Antonio Esparza

Mailing Address 136 W. Yucca

City State Zip Code
mcallent TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13362

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13143

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Maria Elena Falcon

Mailing Address 2212 Westway

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13363

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Alberto Felici
 Mailing Address 2309 W. Greenbriar Square
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13144
 Amount of Each Receipt this Period
 100.00
 contribution

B. Full Name (Last, First, Middle Initial)
Alberto Felici
 Mailing Address 2309 W. Greenbriar Square
 City State Zip Code
 mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13364
 Amount of Each Receipt this Period
 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
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
 self-employed physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13145
 Amount of Each Receipt this Period
 250.00
 contribution

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Marco 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
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13365

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 4420 East Mile 17 1/2

City State Zip Code
Edinburg TX 78542

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.13366

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 self-employed Occupation
self-employed 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13147

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

325.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13367
Amount of Each Receipt this Period 50.00
contribution

B.

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13149
Amount of Each Receipt this Period 250.00
contribution

C.

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

Mailing Address 2800 Santa Teresa

City State Zip Code
mission TX 78572

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13369
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 2712 E Mile 5 Road

City Mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13150
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 2712 E Mile 5 Road

City Mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13370
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 1409 Dora Jeanne Drive

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13371
Amount of Each Receipt this Period: 20.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 520.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1717 Palazzo		Transaction ID: SA11AI.13152
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Oscar Garcia		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1717 Palazzo		Transaction ID: SA11AI.13372
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.

Full Name (Last, First, Middle Initial) Dr. Carlos Garcia-Cantu		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 4121 N. 10th #240		Transaction ID: SA11AI.13368
City Mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 44 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13154

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Anna Garza

Mailing Address 3212 S Boyce Circle

City State Zip Code
Donna TX 78557

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 ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.13374

Amount of Each Receipt this Period

25.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.13376

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13155

Amount of Each Receipt this Period

250.00

contribution

B.

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

Mailing Address 5404 N. 1st street

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13377

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼ 875.00

Date of Receipt

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

Transaction ID: SA11AI.13153

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

625.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Ayda Garza-Montalvo

Mailing Address 2311 Silvarido 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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13373

Amount of Each Receipt this Period
125.00

contribution

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

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13156

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 3900 Sundown Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13378

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► 925.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Robert Genovese	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 2208 Summer Breeze	Transaction ID: SA11AI.13157
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1980.43	

B.	Full Name (Last, First, Middle Initial) Robert Genovese	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 2208 Summer Breeze	Transaction ID: SA11AI.13379
	City mission State TX Zip Code 78572	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2230.43	

C.	Full Name (Last, First, Middle Initial) Dr. Richard Gillett	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 54 South 10th	Transaction ID: SA11AI.13158
	City McAllen State TX Zip Code 78504	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employee Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

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
self-employee physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

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

Transaction ID: SA11AI.13380

Amount of Each Receipt this Period
100.00

contribution

B.

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.13159

Amount of Each Receipt this Period
100.00

contribution

C.

Full Name (Last, First, Middle Initial)

Alvaro Giraldo

Mailing Address 106 W. Flamingo

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11AI.13381

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13160

Amount of Each Receipt this Period
25.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13382

Amount of Each Receipt this Period
25.00

contribution

C.

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

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13166

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 204 Valenca

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation
private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.13388

Amount of Each Receipt this Period

25.00

contribution

B.

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

Mailing Address 311 E. Davis

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 ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.13385

Amount of Each Receipt this Period

20.00

contribution

C.

Full Name (Last, First, Middle Initial)
Alfredo Gonzalez

Mailing Address 2305 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 ▼ 2457.69

Date of Receipt

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

Transaction ID: SA11AI.13164

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

295.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Alfredo Gonzalez

Mailing Address 2305 Monaco Drive

City State Zip Code
mission TX 78574

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2707.69

Date of Receipt

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

Transaction ID: SA11AI.13386

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: SA11AI.13165

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Jaime Gonzalez

Mailing Address 3511 Plazas del Lago

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2750.00

Date of Receipt

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

Transaction ID: SA11AI.13387

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1501 Meadwood		Transaction ID: SA11AI.13161
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 1501 Meadwood		Transaction ID: SA11AI.13383
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

C.

Full Name (Last, First, Middle Initial) Verley Gordon		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 1700 E. Mile 3 Road		Transaction ID: SA11AI.13167
City mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2491.47	

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 53 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1700 E. Mile 3 Road

City 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 ▼ 2741.47

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13389

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13168

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
Enrique Griego

Mailing Address 905 Inspiratin Drive

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13390

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

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

FOR LINE NUMBER: PAGE 54 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Daniel Guerra		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 101 S. Broadway		Transaction ID: SA11AI.13170
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Daniel Guerra		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 101 S. Broadway		Transaction ID: SA11AI.13393
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.

Full Name (Last, First, Middle Initial) John Guerra		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 3105 Forest Court		Transaction ID: SA11AI.13171
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3105 Forest Court

City 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 ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13394

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13172

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13395

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2259.52

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13173
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 1402 E. 8th Street

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2509.52

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13396
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 6020 Wisconsin

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13175
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 6020 Wisconsin

City State Zip Code
edinburg TX 78539

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2750.00

Date of Receipt

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

Transaction ID: SA11AI.13398

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2500.00

Date of Receipt

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

Transaction ID: SA11AI.13176

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Marco Gutierrez

Mailing Address 511 N. Depot Road

City State Zip Code
edinburg TX 78541

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2900.00

Date of Receipt

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

Transaction ID: SA11AI.13399

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

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

FOR LINE NUMBER: PAGE 58 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13177
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 224 Lindberg

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13400
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Anna Lisa Guzman

Mailing Address P.O. Box 720235

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13178
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Anna Lisa Guzman

Mailing Address P.O. Box 720235

City State Zip Code
McAllen TX 78504

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

Name of Employer selfemployed Occupation physician assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13401
Amount of Each Receipt this Period: 50.00 contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 400.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13179
Amount of Each Receipt this Period: 50.00 contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 450.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13402
Amount of Each Receipt this Period: 50.00 contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Victor 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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

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

Transaction ID: SA11AI.13180

Amount of Each Receipt this Period

400.00

contribution

B.

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

Mailing Address 4008 Burns Drive South

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

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

Transaction ID: SA11AI.13403

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.13181

Amount of Each Receipt this Period

75.00

contribution

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13404

Amount of Each Receipt this Period
75.00

contribution

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

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1129.55

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13182

Amount of Each Receipt this Period
100.00

contribution

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

Mailing Address 820 Tamarack

City State Zip Code
mcallen TX 78501

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1229.55

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13405

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Mr. Blake Hensler	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3414 Pricess Street	Transaction ID: SA11AI.13183
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mr. Blake Hensler	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 3414 Pricess Street	Transaction ID: SA11AI.13406
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer self-employed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Ms Monica Hensler	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 3414 Princess Street	Transaction ID: SA11AI.13184
	City State Zip Code Edinburg TX 78539	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
	Name of Employer selfemployed Occupation private investor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 63 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3414 Princess Street

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 ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13407
Amount of Each Receipt this Period 25.00
contribution

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

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13185
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 2000 Dana

City State Zip Code
Pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13409
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13186
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 301 Byron Nelson Drive
#40 Villas Jardin

City State Zip Code
mcallen TX 78503

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13408
Amount of Each Receipt this Period: 250.00
contribution

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

Mailing Address 802 Inspiration Road

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13187
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Maria 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 self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13392
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

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 ▼ 1524.69

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13188
Amount of Each Receipt this Period: 234.70
contribution

C. Full Name (Last, First, Middle Initial)
Dr. Jacobo Hohenstein

Mailing Address 800 East Dove suite L

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 ▼ 1759.39

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13410
Amount of Each Receipt this Period: 234.70
contribution

SUBTOTAL of Receipts This Page (optional) ► **719.40**

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

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

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

FOR LINE NUMBER: PAGE 66 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13189

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13411

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
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 self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13190

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 self-employed Occupation
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13412

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Dr. Phil Hunke

Mailing Address 505 East Newport Lane

City State Zip Code
McAllen TX 78501

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.13191

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.13193

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13415

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13194

Amount of Each Receipt this Period
25.00

contribution

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

Mailing Address 1505 Doherty

City State Zip Code
Mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13416

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 69 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Donna Joule
Mailing Address 708 S H Street
City 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 ▼ 250.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13195
Amount of Each Receipt this Period 25.00
contribution

B. Full Name (Last, First, Middle Initial)
Donna Joule
Mailing Address 708 S H Street
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13417
Amount of Each Receipt this Period 25.00
contribution

C. Full Name (Last, First, Middle Initial)
Gauri Kanhere
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 ▼ 2500.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13196
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 70 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13418

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13198

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 213 e. Xenops

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13420

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 71 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz
Mailing Address 5111 N. 10th Street
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13199
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mary Elizabeth Klenz
Mailing Address 5111 N. 10th Street
City 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 ▼ 2750.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13421
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Kudisch
Mailing Address 323 Nightingale
City mcallen State TX Zip Code 78504
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13200
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 72 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 323 Nightingale

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 18 / 2010

Transaction ID: SA11AI.13422

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2010

Transaction ID: SA11AI.13201

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address Rt 2 Box 522-K

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 18 / 2010

Transaction ID: SA11AI.13423

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 601 Tulip		Transaction ID: SA11AI.13202
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Ramiro Leal		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 601 Tulip		Transaction ID: SA11AI.13424
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

C.

Full Name (Last, First, Middle Initial) Dr. Rick Lin		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 5112 N. 10th Street		Transaction ID: SA11AI.13203
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer self-employee	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 74 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Rick Lin

Mailing Address 5112 N. 10th Street

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13425

Amount of Each Receipt this Period
25.00

contribution

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

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13205

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 901 West 9th Street #405

City State Zip Code
austin TX 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13427

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

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 ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.13206

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Ms Lisa Longoria

Mailing Address 716 South Excalibur Street

City State Zip Code
Edinburg TX 78539

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 ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.13428

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13207

Amount of Each Receipt this Period

50.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Rolando Longoria

Mailing Address 32243 Road 83

City State Zip Code
San Benito TX 78586

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 ▼ 550.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13429
Amount of Each Receipt this Period 50.00
contribution

B.

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

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13208
Amount of Each Receipt this Period 50.00
contribution

C.

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

Mailing Address 7609 N. 24th Circle

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13430
Amount of Each Receipt this Period 50.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2476.06

Date of Receipt

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

Transaction ID: SA11AI.13209

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2726.06

Date of Receipt

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

Transaction ID: SA11AI.13431

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Dr. Sergio Lozano

Mailing Address 2309 Spicewood Drive

City State Zip Code
Weslaco TX 78596

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.13210

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Sergio Lozano

Mailing Address 2309 Spicewood 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 ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13432
Amount of Each Receipt this Period 25.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13212
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 3801 Sundown Court East

City 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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13434
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

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

Transaction ID: SA11AI.13213

Amount of Each Receipt this Period

400.00

contribution

B.

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

Mailing Address 116 Cardinal

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3050.00

Date of Receipt

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

Transaction ID: SA11AI.13435

Amount of Each Receipt this Period

400.00

contribution

C.

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

Mailing Address 1702 Trinity Road

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2650.00

Date of Receipt

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

Transaction ID: SA11AI.13214

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

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

Mailing Address 1702 Trinity Road

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13436

Amount of Each Receipt this Period 400.00
contribution

B.

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13215

Amount of Each Receipt this Period 400.00
contribution

C.

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

Mailing Address 7603 N. 2nd Lane

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13437

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 1903 W. Smith

City State Zip Code
ednburg 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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13216

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 1903 W. Smith

City State Zip Code
ednburg 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 ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13438

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
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 self-employee 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13217

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Dr. Robert Martinez

Mailing Address 2809 Santa Lydia

City Mission State TX Zip Code 78572

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

Name of Employer self-employee Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13439

Amount of Each Receipt this Period 100.00

contribution

B.

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

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 18 / 2010

Transaction ID: SA11AI.13218

Amount of Each Receipt this Period 250.00

contribution

C.

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

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.13440

Amount of Each Receipt this Period 250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13219

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)

Pedro McDougal

Mailing Address 1516 Iris

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2900.00

Date of Receipt

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

Transaction ID: SA11AI.13442

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)

Ms Kimberly McNutt

Mailing Address 7716 N. 27th

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13221

Amount of Each Receipt this Period

25.00

contribution

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Ms Kimberly McNutt

Mailing Address 7716 N. 27th

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 ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.13443

Amount of Each Receipt this Period

25.00

contribution

B.

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13222

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)

Bertha Medina

Mailing Address 1300 1 1/2 Street

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2900.00

Date of Receipt

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

Transaction ID: SA11AI.13444

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

675.00

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 85 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 602 McColl Circle

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
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13223

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 602 McColl Circle

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 ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13445

Amount of Each Receipt this Period
400.00

contribution

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

Mailing Address 3002 Santa Susana

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13224

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

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

FOR LINE NUMBER: PAGE 86 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Manuel Mercado		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 3002 Santa Susana		Transaction ID: SA11AI.13446
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

B.

Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 2100 School Lane		Transaction ID: SA11AI.13225
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

C.

Full Name (Last, First, Middle Initial) Scott Meyer		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 2100 School Lane		Transaction ID: SA11AI.13447
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

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

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

FOR LINE NUMBER: PAGE 87 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Carlos Mohamed
 Mailing Address 5408 N. Cynthia
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13227
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.
 Mailing Address 2821 Michael Angelo
 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 ▼ 1000.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13228
 Amount of Each Receipt this Period 100.00
 contribution

C. Full Name (Last, First, Middle Initial)
Carlos Mohamed
 Mailing Address 5408 N. Cynthia
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00
 Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0
Transaction ID: SA11AI.13450
 Amount of Each Receipt this Period 250.00
 contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Carlos N Mohamed, Jr.

Mailing Address 2821 Michael Angelo

City State Zip Code
Edinburg TX 78539

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11AI.13451

Amount of Each Receipt this Period

100.00

contribution

B.

Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt

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

Transaction ID: SA11AI.13229

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2200.00

Date of Receipt

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

Transaction ID: SA11AI.13452

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

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

FOR LINE NUMBER: PAGE 89 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼ 2650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13230

Amount of Each Receipt this Period
400.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 ▼ 3050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13453

Amount of Each Receipt this Period
400.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13231

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**

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

FOR LINE NUMBER: PAGE 90 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13454

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 3020 Melinda Drive

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13232

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 3020 Melinda Drive

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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13455

Amount of Each Receipt this Period
50.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 2604 Santa Teresa		Transaction ID: SA11AI.13233
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Victor Ogunlana		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 2604 Santa Teresa		Transaction ID: SA11AI.13456
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.

Full Name (Last, First, Middle Initial) Dr. Noel Oliveira		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 9917 Bentsen Road		Transaction ID: SA11AI.13234
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 92 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 1100.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13457
Amount of Each Receipt this Period 100.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13236
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13459
Amount of Each Receipt this Period 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 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 ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.13237

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Carmen Osorio-Castillo

Mailing Address 1601 Sebastian Drive

City State Zip Code
Mission TX 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 ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.13460

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)
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 self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13238

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 121 E. Quamasia #148		Transaction ID: SA11AI.13461
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

B.

Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 2305 Red River		Transaction ID: SA11AI.13239
City mcallen	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.

Full Name (Last, First, Middle Initial) Kip Owen		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 2305 Red River		Transaction ID: SA11AI.13462
City mcallen	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 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 ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.13240

Amount of Each Receipt this Period

50.00

contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Esteban Palacios, Jr.

Mailing Address P.O. Box 3669

City State Zip Code
Edinburg TX 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 ▼ 550.00

Date of Receipt

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

Transaction ID: SA11AI.13463

Amount of Each Receipt this Period

50.00

contribution

C.

Full Name (Last, First, Middle Initial)

Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13242

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Prakash Palimar

Mailing Address 121 Canary

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13465

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

FEC 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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13241

Amount of Each Receipt this Period
125.00

contribution

C. Full Name (Last, First, Middle Initial)
Dr. Jerry Pallares

Mailing Address 24399 Dillworth Road

City State Zip Code
Harlingen TX 78552

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13464

Amount of Each Receipt this Period
125.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 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
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13467

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer Self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.13243

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Eduardo Peguero

Mailing Address P.O.Box 5959

City State Zip Code
McAllen TX 78502

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

Name of Employer Self-employed Occupation
physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1650.00

Date of Receipt

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

Transaction ID: SA11AI.13468

Amount of Each Receipt this Period

150.00

contribution

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Alberto Pena

Mailing Address 3716 Tigris

City State Zip Code
Edinburg TX 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13244

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Alberto Pena

Mailing Address 3716 Tigris

City State Zip Code
Edinburg TX 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 ▼ 550.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13469

Amount of Each Receipt this Period
50.00

contribution

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

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13245

Amount of Each Receipt this Period
400.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Jose Pena

Mailing Address 100 Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13470

Amount of Each Receipt this Period
400.00

contribution

B.

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

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13246

Amount of Each Receipt this Period
250.00

contribution

C.

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

Mailing Address 905 S. Huisache Court

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13471

Amount of Each Receipt this Period
250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 100 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 self-employee Occupation
self-employee physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.13247

Amount of Each Receipt this Period

150.00

contribution

B.

Full Name (Last, First, Middle Initial)
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 self-employee Occupation
self-employee physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1350.00

Date of Receipt

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

Transaction ID: SA11AI.13472

Amount of Each Receipt this Period

150.00

contribution

C.

Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1090.48

Date of Receipt

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

Transaction ID: SA11AI.13248

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ernie Perez

Mailing Address P.O. Box 5360

City State Zip Code
mcallen TX 78502

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1215.48

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13473
Amount of Each Receipt this Period: 125.00
contribution

B. Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2180.86

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13250
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
Claudia Pierson

Mailing Address 6912 N. Peking

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2430.86

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13475
Amount of Each Receipt this Period: 250.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 149
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina	Date of Receipt MM / DD / YYYY 10 / 18 / 2010
	Mailing Address 129 E. Jones	Transaction ID: SA11AI.13251
	City State Zip Code Pharr TX 78577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Francisco Pina	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 129 E. Jones	Transaction ID: SA11AI.13476
	City State Zip Code Pharr TX 78577	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer selfemployed Occupation private investor	Aggregate Year-to-Date ▼ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Ms Jessica Porras	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 5128 North 10th Street	Transaction ID: SA11AI.13477
	City State Zip Code McAllen TX 78504	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer self-employee Occupation private investor	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2477.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13253

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Sergio Preciado

Mailing Address 521 E. Bluebird

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2727.83

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13478

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Sergio Ramirez

Mailing Address 1608 Woods Drive

City State Zip Code
mission TX 78572

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13254

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 104 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Sergio Ramirez
Mailing Address 1608 Woods Drive
City mission State TX Zip Code 78572
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2750.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13479
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Gustavo Ramos
Mailing Address 1301 S. Perking
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physicaian
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00
Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13255
Amount of Each Receipt this Period 400.00
contribution

C. Full Name (Last, First, Middle Initial)
Gustavo Ramos
Mailing Address 1301 S. Perking
City mcallen State TX Zip Code 78501
FEC ID number of contributing federal political committee. **C**
Name of Employer selfemployed Occupation physicaian
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3050.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13480
Amount of Each Receipt this Period 400.00
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**

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

FOR LINE NUMBER: PAGE 105 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

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 ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13257
Amount of Each Receipt this Period: 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Mario Rangel

Mailing Address 3213 Lance Lot Lane

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 ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13482
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

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 ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13258
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 125.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ms Soraya Rangel

Mailing Address 2010 S. Cynthia Ste 110

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 ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.13483

Amount of Each Receipt this Period

25.00

contribution

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

Mailing Address 1500 Southland Drive

City	State	Zip Code
weslaco	TX	78596

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

Name of Employer selfemployed	Occupation
	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: SA11AI.13259

Amount of Each Receipt this Period

125.00

contribution

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

Mailing Address 1500 Southland Drive

City	State	Zip Code
weslaco	TX	78596

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

Name of Employer selfemployed	Occupation
	physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt

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

Transaction ID: SA11AI.13484

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional) ►

275.00

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

--

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

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

FOR LINE NUMBER: PAGE 107 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Manuel Reinoso

Mailing Address 1400 E Ridge suite 7

City State Zip Code
McAllen TX 78503

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13485

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13261

Amount of Each Receipt this Period
250.00

contribution

C. Full Name (Last, First, Middle Initial)
William Restrepo

Mailing Address 1117 S. Cynthia

City State Zip Code
mcallen TX 78504

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13486

Amount of Each Receipt this Period
250.00

contribution

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

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

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

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

FOR LINE NUMBER: PAGE 108 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
McAllen TX 78502

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
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13262

Amount of Each Receipt this Period
25.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Maria J. Rios

Mailing Address P.O. Box 3606

City State Zip Code
McAllen TX 78502

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 ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13487

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Homero Rivas

Mailing Address 100 E. Houston

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13263

Amount of Each Receipt this Period
250.00

contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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 ▼
2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13488

Amount of Each Receipt this Period
250.00

contribution

B.

Full Name (Last, First, Middle Initial)
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13264

Amount of Each Receipt this Period
250.00

contribution

C.

Full Name (Last, First, Middle Initial)
Benjamin Robalino

Mailing Address 1217 S. Cynthia

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13489

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 110 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13265

Amount of Each Receipt this Period
50.00

contribution

B. Full Name (Last, First, Middle Initial)
Mr. Martin Rocha

Mailing Address P.O. Box 662

City State Zip Code
Santa Rosa TX 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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13490

Amount of Each Receipt this Period
50.00

contribution

C. Full Name (Last, First, Middle Initial)
Paulette Saca

Mailing Address 109 Condor

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13266

Amount of Each Receipt this Period
75.00

contribution

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 111 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

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 ▼ 1275.00

Date of Receipt

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

Transaction ID: SA11AI.13491

Amount of Each Receipt this Period

75.00

contribution

B.

Full Name (Last, First, Middle Initial)

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 ▼ 2650.00

Date of Receipt

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

Transaction ID: SA11AI.13267

Amount of Each Receipt this Period

400.00

contribution

C.

Full Name (Last, First, Middle Initial)

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 ▼ 3050.00

Date of Receipt

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

Transaction ID: SA11AI.13492

Amount of Each Receipt this Period

400.00

contribution

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 112 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13268

Amount of Each Receipt this Period

250.00

contribution

B.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13493

Amount of Each Receipt this Period

250.00

contribution

C.

Full Name (Last, First, Middle Initial)
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
self-employed private investor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13269

Amount of Each Receipt this Period

250.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 113 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Larry Safir

Mailing Address 3300 S. 2nd suite 10

City 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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13494
Amount of Each Receipt this Period 250.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13270
Amount of Each Receipt this Period 250.00
contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13495
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 114 / 149
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13272
Name of Employer Self employed		Occupation physician	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	contribution

B.	Full Name (Last, First, Middle Initial) Elisa Garza Sanchez		Date of Receipt
	Mailing Address 3509 N. Glasscock		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Mission	TX	78574
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13496
Name of Employer Self employed		Occupation physician	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1375.00	contribution

C.	Full Name (Last, First, Middle Initial) Mr. Victor Sanchez		Date of Receipt
	Mailing Address P.O. Box 1868		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	McAllen	TX	78503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13273
Name of Employer selfemployed		Occupation private investor	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	contribution

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

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

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

FOR LINE NUMBER: PAGE 115 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13498
Amount of Each Receipt this Period 250.00
contribution

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

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13271
Amount of Each Receipt this Period 100.00
contribution

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

Mailing Address 1912 Fair Oak

City State Zip Code
Mission TX 78574

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

Name of Employer Self employed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13497
Amount of Each Receipt this Period 100.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13275

Amount of Each Receipt this Period
100.00

contribution

B. Full Name (Last, First, Middle Initial)
Dr. Samuel Serna

Mailing Address 125 E. Cornell

City State Zip Code
McAllen TX 78504

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

Name of Employer self-employee Occupation
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13500

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2650.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13276

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Tawhid Shuaib

Mailing Address 4000 Burns Drive

City State Zip Code
mcallen TX 78503

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3050.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13501

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City State Zip Code
Weslaco TX 78596

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13277

Amount of Each Receipt this Period
25.00

contribution

C. Full Name (Last, First, Middle Initial)
Ms Pamela Sifuentes

Mailing Address 1801 Conch Key

City State Zip Code
Weslaco TX 78596

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13502

Amount of Each Receipt this Period
25.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13278
Amount of Each Receipt this Period: 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Dennis Slavin

Mailing Address 1501 S. Oklahoma

City State Zip Code
weslaco TX 78596

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

Name of Employer selfemployed Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13503
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

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

Name of Employer Self employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13279
Amount of Each Receipt this Period: 25.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 119 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Hilda Solis

Mailing Address P.O.Box 3302

City State Zip Code
McAllen TX 78502

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

Name of Employer Occupation
Self employed private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **11 / 18 / 2010**

Transaction ID: SA11AI.13504

Amount of Each Receipt this Period **25.00**

contribution

B.

Full Name (Last, First, Middle Initial)
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1374.31**

Date of Receipt **10 / 18 / 2010**

Transaction ID: SA11AI.13280

Amount of Each Receipt this Period **175.32**

contribution

C.

Full Name (Last, First, Middle Initial)
Joel Solis

Mailing Address 405 E. Avocet

City State Zip Code
Mcallen TX 78501

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

Name of Employer Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1521.43**

Date of Receipt **11 / 18 / 2010**

Transaction ID: SA11AI.13505

Amount of Each Receipt this Period **147.12**

contribution

SUBTOTAL of Receipts This Page (optional) ► **347.44**

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 120 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13281

Amount of Each Receipt this Period
400.00

contribution

B. Full Name (Last, First, Middle Initial)
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
self-employee physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2550.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13506

Amount of Each Receipt this Period
400.00

contribution

C. Full Name (Last, First, Middle Initial)
Alejandro Tey

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Self employed Occupation
Self employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.13284

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**

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

FOR LINE NUMBER: PAGE 121 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 3012 Laurie Lane

City State Zip Code
Edinburg TX 78539

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

Name of Employer Occupation
Self employed physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13509

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
self-employed private investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: SA11AI.13285

Amount of Each Receipt this Period
250.00

contribution

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

Mailing Address 112 S. Broadway

City State Zip Code
mcallen TX 78501

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

Name of Employer Occupation
self-employed private investor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2750.00

Date of Receipt

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

Transaction ID: SA11AI.13510

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 122 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Susan Turley
 Mailing Address 312 Thunderbird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13288
 Amount of Each Receipt this Period: 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Susan Turley
 Mailing Address 312 Thunderbird
 City State Zip Code
mcallen TX 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00
 Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13513
 Amount of Each Receipt this Period: 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
Marcel Twahirwa
 Mailing Address 2403 El Encino Drive
 City State Zip Code
mission TX 78572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation
self-employed physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13289
 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 123 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Marcel Twahirwa

Mailing Address 2403 El Encino Drive

City 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 ▼ 2750.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13514

Amount of Each Receipt this Period
250.00

contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13290

Amount of Each Receipt this Period
100.00

contribution

C. Full Name (Last, First, Middle Initial)
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
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13515

Amount of Each Receipt this Period
100.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 124 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13197
 Amount of Each Receipt this Period 250.00
 contribution

B. Full Name (Last, First, Middle Initial)
Jose Vasquez
 Mailing Address 2548 Palm Circle
 City State Zip Code
 rio grande city TX 78582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer selfemployed Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2750.00
 Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.13419
 Amount of Each Receipt this Period 250.00
 contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: SA11AI.13291
 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 125 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13516
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield 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 ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13292
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
Mr. Orlando Velazquez

Mailing Address 1806 Summerfield 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 ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13517
Amount of Each Receipt this Period: 50.00
contribution

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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: 10 / 18 / 2010
Transaction ID: SA11AI.13293
Amount of Each Receipt this Period: 50.00
contribution

B. Full Name (Last, First, Middle Initial)
Mr. Rolando Velazquez

Mailing Address Rt 2 Box 658

City Raymondville State TX Zip Code 78580

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 ▼ 550.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13518
Amount of Each Receipt this Period: 50.00
contribution

C. Full Name (Last, First, Middle Initial)
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 General Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13294
Amount of Each Receipt this Period: 400.00
contribution

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

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

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

FOR LINE NUMBER: PAGE 127 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Ramiro Verdoreen

Mailing Address 301 E. Newport

City State Zip Code
mcallen TX 78501

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2550.00

Date of Receipt

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

Transaction ID: SA11AI.13519

Amount of Each Receipt this Period

400.00

contribution

B.

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt

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

Transaction ID: SA11AI.13295

Amount of Each Receipt this Period

125.00

contribution

C.

Full Name (Last, First, Middle Initial)

Carlos Villalta

Mailing Address P. O. Box 1632

City State Zip Code
mission TX 78573

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1375.00

Date of Receipt

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

Transaction ID: SA11AI.13520

Amount of Each Receipt this Period

125.00

contribution

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 149

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1377.82

Date of Receipt

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

Transaction ID: SA11AI.13296

Amount of Each Receipt this Period

175.77

contribution

B.

Full Name (Last, First, Middle Initial)
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
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1525.32

Date of Receipt

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

Transaction ID: SA11AI.13521

Amount of Each Receipt this Period

147.50

contribution

C.

Full Name (Last, First, Middle Initial)
Victor Villarreal

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer selfemployed Occupation
selfemployed physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1126.43

Date of Receipt

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

Transaction ID: SA11AI.13297

Amount of Each Receipt this Period

143.70

contribution

SUBTOTAL of Receipts This Page (optional)

466.97

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

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

Mailing Address 901 W. Moore

City State Zip Code
pharr TX 78577

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

Name of Employer self-employed Occupation
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1247.01

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13522

Amount of Each Receipt this Period
120.58

contribution

B. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: SA11AI.13298

Amount of Each Receipt this Period
150.00

contribution

C. Full Name (Last, First, Middle Initial)
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
self-employed physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.13523

Amount of Each Receipt this Period
150.00

contribution

SUBTOTAL of Receipts This Page (optional) ▶ **420.58**

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 130 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13299
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13524
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
James Webb

Mailing Address 312 Redbud

City State Zip Code
mcallen TX 78504

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

Name of Employer self-employed Occupation private investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1245.04

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13300
Amount of Each Receipt this Period: 158.83
contribution

SUBTOTAL of Receipts This Page (optional) ► 658.83

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 131 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) James Webb		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 312 Redbud		Transaction ID: SA11AI.13525
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 133.28
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1378.32	

B.

Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 111 Rio Grande		Transaction ID: SA11AI.13301
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Patrick Wilcox		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 111 Rio Grande		Transaction ID: SA11AI.13526
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	333.28
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 132 / 149
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 6905 N. Cynthia		Transaction ID: SA11AI.13302
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

B.

Full Name (Last, First, Middle Initial) Subbarao Yarra		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 6905 N. Cynthia		Transaction ID: SA11AI.13527
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-employed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski		Date of Receipt MM / DD / YYYY 10 / 18 / 2010
Mailing Address 6804 N. 1st		Transaction ID: SA11AI.13303
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	1050.00
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 133 / 149
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
Dr. Christopher Zaleski

Mailing Address 6804 N. 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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13528
Amount of Each Receipt this Period: 250.00
contribution

B. Full Name (Last, First, Middle Initial)
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 ▼ 2500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.13304
Amount of Each Receipt this Period: 250.00
contribution

C. Full Name (Last, First, Middle Initial)
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 ▼ 2750.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.13529
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) ▶ 73061.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 134 / 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Mr. Juan Carlos Diaz <hr/> Mailing Address 600 Nyssa <hr/> City McAllen State TX Zip Code 78504 <hr/> Purpose of Disbursement contract services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13618 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 375.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) McAllen Country Club <hr/> Mailing Address 615 Wichita <hr/> City McAllen State TX Zip Code 78501 <hr/> Purpose of Disbursement meals expenditures Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13581 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2776.43
	Category/ Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Practicing Law Institute <hr/> Mailing Address 810 Seventh Ave <hr/> City New York State NY Zip Code 10019 <hr/> Purpose of Disbursement reference material/online Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.13573 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1895.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5046.43

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 135 / 149

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
Water Tower Village

Mailing Address 52211 N. McColl Road

City State Zip Code
McAllen TX 78504

Purpose of Disbursement
rental expenditure

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.13638

Date of Disbursement

11 / 12 / 2010

Amount of Each Disbursement this Period

1331.25

SUBTOTAL of Disbursements This Page (optional) ▶

1331.25

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

6377.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) AMERIPAC: THE FUND FOR A GREATER AMERICA <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement contribution Candidate Name AMERIPAC: THE FUND FOR A GREATER AMERICA Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.13619 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOE LINUS BARTON <hr/> Mailing Address 701 Williamsburg <hr/> City Ennis State TX Zip Code 75119 <hr/> Purpose of Disbursement contribution Candidate Name JOE LINUS BARTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 06	Transaction ID: SB23.13572 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement contribution Candidate Name XAVIER BECERRA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 31	Transaction ID: SB23.13595 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) SANFORD D JR. BISHOP	Transaction ID: SB23.13586 Date of Disbursement
	Mailing Address 1909 Devon Drive	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Albany State GA Zip Code 31707	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="5000.00"/>
	Candidate Name SANFORD D JR. BISHOP	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) G K BUTTERFIELD	Transaction ID: SB23.13636 Date of Disbursement
	Mailing Address 2407 BEL AIR AVENUE PO BOX 2571	<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City WILSON State NC Zip Code 27893	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1500.00"/>
	Candidate Name G K BUTTERFIELD	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDRE CARSON	Transaction ID: SB23.13591 Date of Disbursement
	Mailing Address P.O. Box 1863	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Indianapolis State IN Zip Code 46206	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="1500.00"/>
	Candidate Name ANDRE CARSON	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 138 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) A.B. III CHANDLER <hr/> Mailing Address P. O. Box 12678 <hr/> City Lexington State KY Zip Code 40583 <hr/> Purpose of Disbursement contribution Candidate Name A.B. III CHANDLER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13637 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TRAVIS W CHILDERS <hr/> Mailing Address 201 HIDDEN HILLS <hr/> City BOONEVILLE State MS Zip Code 38829 <hr/> Purpose of Disbursement contribution Candidate Name TRAVIS W CHILDERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13598 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JAMES E CLYBURN <hr/> Mailing Address 501 Juniper Street <hr/> City Columbia State SC Zip Code 29203 <hr/> Purpose of Disbursement contribution Candidate Name JAMES E CLYBURN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13587 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) CONGRESSIONAL TRUST 2010 <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement contribution Candidate Name CONGRESSIONAL TRUST 2010 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13575 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HENRY R CUELLAR <hr/> Mailing Address 1519 Washington Street 2nd Floor Suite 200 <hr/> City LAREDO State TX Zip Code 78042 <hr/> Purpose of Disbursement contribution Candidate Name Henry Cuellar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13579 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE <hr/> Mailing Address 120 MARYLAND AVENUE NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB23.13580 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

SUBTOTAL of Disbursements This Page (optional) ▶

35000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 140 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) STEVEN LEO DRIEHAUS Mailing Address 1018 BENZ AVE City CINCINNATI State OH Zip Code 45238 Purpose of Disbursement contribution Candidate Name STEVEN LEO DRIEHAUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13633 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement contribution Candidate Name STENY HAMILTON HOYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13585 Date of Disbursement 11 / 01 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARY JO KILROY Mailing Address P.O. Box 2582 City Columbus State OH Zip Code 43216 Purpose of Disbursement contribution Candidate Name MARY JO KILROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13630 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 141 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) LARRY KISSELL <hr/> Mailing Address 153 KISSELL DRIVE <hr/> City BISCOE State NC Zip Code 27209 <hr/> Purpose of Disbursement contribution Candidate Name LARRY KISSELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13592 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRANK M MR. JR KRATOVIL <hr/> Mailing Address 222 Main Sail PO Box 518 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement contribution Candidate Name FRANK M MR. JR KRATOVIL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13599 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SHEILA JACKSON LEE <hr/> Mailing Address 4412 ALMEDA <hr/> City HOUSTON State TX Zip Code 77004 <hr/> Purpose of Disbursement contribution Candidate Name SHEILA JACKSON LEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13590 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
LEVIN FOR CONGRESS

Transaction ID: SB23.13596
Date of Disbursement

Mailing Address PO Box 37

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

City Roseville State MI Zip Code 48066

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name
SANDER M MR LEVIN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 12

B.

Full Name (Last, First, Middle Initial)
MICHAEL E. MR. MCMAHON

Transaction ID: SB23.13880
Date of Disbursement

Mailing Address 66 Arnold Street

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

City Staten Island State NY Zip Code 10301

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name
MICHAEL E. MR. MCMAHON

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 13

C.

Full Name (Last, First, Middle Initial)
GRACE NAPOLITANO

Transaction ID: SB23.13639
Date of Disbursement

Mailing Address 12946 E. Belcher St.

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

City Norwalk State CA Zip Code 90650

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement contribution

011
Category/
Type

Candidate Name
GRACE NAPOLITANO

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 38

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.13576
Date of Disbursement

Mailing Address 320 FIRST STREET SE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Recount

B.

Full Name (Last, First, Middle Initial)
WILLIAM OWENS

Transaction ID: SB23.13600
Date of Disbursement

Mailing Address 42 Blue Heron Way

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

City Plattsburgh State NY Zip Code 12901

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement contribution

011

Category/Type

Candidate Name
WILLIAM OWENS

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

C.

Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Transaction ID: SB23.13577
Date of Disbursement

Mailing Address 7804 EVENING LANE

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

City ALEXANDRIA State VA Zip Code 22306

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS	Transaction ID: SB23.13578
	Mailing Address PO Box 823047	Date of Disbursement 10 / 25 / 2010
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name PETE SESSIONS	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLES B RANGEL	Transaction ID: SB23.13635
	Mailing Address 193 LENOX AVENUE	Date of Disbursement 10 / 26 / 2010
	City NEW YORK State NY Zip Code 10026	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name CHARLES B RANGEL	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SILVESTRE REYES	Transaction ID: SB23.13879
	Mailing Address 732 Azalea	Date of Disbursement 10 / 26 / 2010
	City El Paso State TX Zip Code 79922	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement contribution Candidate Name SILVESTRE REYES	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A.	Full Name (Last, First, Middle Initial) MARCO RUBIO	Transaction ID: SB23.13574 Date of Disbursement 10 / 15 / 2010
	Mailing Address 2030 SOUTH DOUGLAS ROAD	Amount of Each Disbursement this Period 5000.00
	City CORAL GABLES State FL Zip Code 33134	
	Purpose of Disbursement contribution Candidate Name MARCO RUBIO	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARCO RUBIO	Transaction ID: SB23.13582 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2030 SOUTH DOUGLAS ROAD	Amount of Each Disbursement this Period 5000.00
	City CORAL GABLES State FL Zip Code 33134	
	Purpose of Disbursement contribution Candidate Name MARCO RUBIO	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LORETTA SANCHEZ	Transaction ID: SB23.13588 Date of Disbursement 11 / 02 / 2010
	Mailing Address 1212 S. Victory Blvd.	Amount of Each Disbursement this Period 5000.00
	City BURBANK State CA Zip Code 91502	
	Purpose of Disbursement contribution Candidate Name LORETTA SANCHEZ	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial)
JOHN MCKEE JR HON SPRATT

Mailing Address 233 KINGS MOUNTAIN ST

City YORK State SC Zip Code 29745

Purpose of Disbursement contribution

Candidate Name JOHN MCKEE JR HON SPRATT

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.13632
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/Type

B. Full Name (Last, First, Middle Initial)
GENE MR. TAYLOR

Mailing Address 814 N. Beach Blvd.

City Bay St.Louis State MS Zip Code 39520

Purpose of Disbursement contribution

Candidate Name GENE MR. TAYLOR

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 04

Transaction ID: SB23.13583
Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

1000.00

011
Category/Type

C. Full Name (Last, First, Middle Initial)
HARRY TEAGUE

Mailing Address 819 EAST PINON

City HOBBS State NM Zip Code 88240

Purpose of Disbursement contribution

Candidate Name HARRY TEAGUE

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NM District: 02

Transaction ID: SB23.13584
Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 147 / 149

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) BENNIE G. THOMPSON <hr/> Mailing Address P.O. Box 100 <hr/> City Bolton State MS Zip Code 39041 <hr/> Purpose of Disbursement contribution Candidate Name BENNIE G. THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13597 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN <hr/> Mailing Address 10537 St. Paul Street <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement contribution Candidate Name CHRIS VAN HOLLEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13631 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NYDIA M. VELAZQUEZ <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement contribution Candidate Name NYDIA M. VELAZQUEZ <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13589 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	162500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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 Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	ZIP Code 78502	

Outstanding Balance Beginning This Period <input type="text" value="900.00"/>		Transaction ID: SD10.9553	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="900.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AC Rentals			Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673			
City McAllen	State TX	ZIP Code 78502	

Outstanding Balance Beginning This Period <input type="text" value="900.00"/>		Transaction ID: SD10.10053	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="900.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1800.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="1800.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="1800.00"/>

A. Form/Schedule : **SD10**
Transaction ID : **SD10.9553**

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

B. Form/Schedule : **SD10**
Transaction ID : **SD10.10053**

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