

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

BORDER HEALTH FEDERAL PAC

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

Check if different than previously reported. (ACC) McAllen TX 78504

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00415752

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

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

Type or Print Name of Treasurer Ernie Perez

Signature of Treasurer Ernie Perez [Electronically Filed] Date 06 / 11 / 2013

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

Table with 10 columns for Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BORDER HEALTH FEDERAL PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		991233.52
(b) Cash on Hand at Beginning of Reporting Period.....	991233.52	
(c) Total Receipts (from Line 19) .....	117025.58	117025.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1108259.10	1108259.10
7. Total Disbursements (from Line 31).....	178711.28	178711.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	929547.82	929547.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	96481.08	96481.08
(ii) Unitemized .....	15544.50	15544.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	112025.58	112025.58
(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) .....	112025.58	112025.58
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.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	117025.58	117025.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	117025.58	117025.58

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	88711.28	88711.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	88711.28	88711.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	45000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	45000.00	45000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	178711.28	178711.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178711.28	178711.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	112025.58	112025.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112025.58	112025.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	88711.28	88711.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	88711.28	88711.28

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA  
Transaction ID :

On 01.03.2012, contribution made to New Jersey Democratic State Committee of \$10,000 with a check dated 12.27.2011 - check cleared on 01.03.2012 and is reflected on report as same. New Jersey Democratic State Committee refund/return \$5,000 of the contribution (\$10K) and reflected as return/refund on 01.18.2012. On report ending January 2012, reflected the above reference contribution to New Jersey Democratic State Committee of \$10K with check date of 12.27.2011 to be reflected on report as same and delete contribution dated 01.03.2012 with respect to Schedule B Line 23. On Schedule B supporting Line 21(b), itemized disbursement of which were not reflected purpose have been amended to reflect description/purpose.  
With respect to excess contribution to NRSC on 01.06.2012. On (report of april 2012 quarterly) contribution made to NRSC of \$15K with a check dated of 10.19.2011 -check cleared on 01.06.2012 and is reflected on report as same. On report ending January 2012, reflecting the above reference contribution to NRSC of \$15K with check date 10.1922011 to be reflected on report as same and delete contribution date 01.06.2012 with repect to schedule B line 23 on 2012 april quarterly.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Charity Abreu</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16779</b>
Mailing Address 1619 heritage lane		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charity Abreu</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.16999</b>
Mailing Address 1619 heritage lane		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Charity Abreu</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17217</b>
Mailing Address 1619 heritage lane		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ricardo Abreu</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17000</b>
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Ricardo Abreu</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17218</b>
Mailing Address 200 E. Xenops		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Ruben Abreu</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16781</b>
Mailing Address 104 augusta square		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C		
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17001**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 104 augusta square

City mcallen State TX Zip Code 78503

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17219**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11Al.16782**

Amount of Each Receipt this Period  
**250.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17002**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 807 North Cage

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17220**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 5505 N. 4th

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16784**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael Alleyn</b>		Date of Receipt
Mailing Address 5505 N. 4th		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17004</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	private investor	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Alleyn</b>		Date of Receipt
Mailing Address 5505 N. 4th		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.17222</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	private investor	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Amyx</b>		Date of Receipt
Mailing Address 2108 Mynah		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
mcallen	TX	78501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.16786</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
self-employed	private investor	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 12 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17006**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2108 Mynah

City State Zip Code  
mcallen TX 78501

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

Name of Employer Occupation  
self-employed private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17224**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 112 E. Xenops

City State Zip Code  
Mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17007**

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 13 OF 147  
(check only one)

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

**A. Dr. Eduardo Aquino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 112 E. Xenops  
City Mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : SA11AI.17225**  
Amount of Each Receipt this Period **125.00**  
contribution

**B. Dario Arango**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7004 N. Cynthia  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2012**  
**Transaction ID : SA11AI.16789**  
Amount of Each Receipt this Period **250.00**  
contribution

**C. Dario Arango**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7004 N. Cynthia  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI.17008**  
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 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dario Arango**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7004 N. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17226**  
 Amount of Each Receipt this Period 250.00  
 contribution

**B. Dr. Felipe Avila**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11Al.17011**  
 Amount of Each Receipt this Period 125.00  
 contribution

**c. Dr. Felipe Avila**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 W. 20th Street  
 City Weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17229**  
 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: (check only one)	PAGE 15 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Murphy Badiga</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11Al.16793</b>
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Murphy Badiga</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17012</b>
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Murphy Badiga</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17230</b>
Mailing Address 1503 S. Airport suite 6		Amount of Each Receipt this Period 400.00 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	
Occupation physician		Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17015**

Amount of Each Receipt this Period  

125.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17233**

Amount of Each Receipt this Period  

125.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16797**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ricardo Barrera</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17016</b>
Mailing Address 420 Frio			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ricardo Barrera</b>			Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17234</b>
Mailing Address 420 Frio			Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Sebrahmanyan Behara</b>			Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16798</b>
Mailing Address 121 Cardinal			Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504	
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Sebrahmany Behara**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17017**

Amount of Each Receipt this Period  
**400.00**

contribution

**B. Dr. Sebrahmany Behara**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17235**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11Al.16799**

Amount of Each Receipt this Period  
**250.00**

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17018**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2804 Santa Ana

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17236**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Sarojini Bose**  
Full Name (Last, First, Middle Initial)

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16800**

Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 147  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Sarojini Bose**

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11AI.17019**

Amount of Each Receipt this Period  
250.00  
contribution

Full Name (Last, First, Middle Initial)  
**B. Sarojini Bose**

Mailing Address 7007 N 1st Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.17237**

Amount of Each Receipt this Period  
250.00  
contribution

Full Name (Last, First, Middle Initial)  
**C. Francisco 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 ▼  
250.00

Date of Receipt  
01 / 18 / 2012  
**Transaction ID : SA11AI.16801**

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 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Francisco Bracamontes**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17020**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Francisco Bracamontes**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17238**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Robert Brace**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16803**  
 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: (check only one)	PAGE 22 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert Brace</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17022</b>
Mailing Address 2000 N. 8th Street		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Brace</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17240</b>
Mailing Address 2000 N. 8th Street		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Alonzo Cantu</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16806</b>
Mailing Address P.O.Box 2673		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17025**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address P.O.Box 2673

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17243**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 1000 N. Taylor Road

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11Al.16809**

Amount of Each Receipt this Period  
**400.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Carlos Cardenas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 N. Taylor Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17028**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Carlos Cardenas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 N. Taylor Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17246**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Jose Carreras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1016 E. Griffin Parkway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16810**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jose Carreras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1016 E. Griffin Parkway

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2012  
**Transaction ID : SA11AI.17029**

Amount of Each Receipt this Period  
400.00  
contribution

**B. Jose Carreras**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1016 E. Griffin Parkway

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2012  
**Transaction ID : SA11AI.17247**

Amount of Each Receipt this Period  
400.00  
contribution

**C. Augusto Castrillon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 223 Rio Grande Drive

City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee.	C	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2012  
**Transaction ID : SA11AI.16812**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Augusto Castrillon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI.17031**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Augusto Castrillon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 Rio Grande Drive  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : SA11AI.17249**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Norma Cavazos-Salas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 N. Bryan Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI.17032**  
 Amount of Each Receipt this Period **125.00**  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... **625.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Norma Cavazos-Salas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 N. Bryan Road  
 City mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17250**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**B. R. Chandrasekharan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 East 8th street suite 1  
 City weslaco State TX Zip Code 78591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17033**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**C. R. Chandrasekharan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 East 8th street suite 1  
 City weslaco State TX Zip Code 78591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17251**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Virah Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1801 South 5th Street suite 7

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17253**

Amount of Each Receipt this Period  

100.00
--------

contribution

**B. Dr. Oscar Cortez**  
Full Name (Last, First, Middle Initial)

Mailing Address 4101 South Burns Drive

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

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17254**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 1400 Northgate Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.97**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17037**

Amount of Each Receipt this Period  

182.55
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>382.55</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 147
	(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

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

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

Mailing Address 1400 Northgate Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17255**

Amount of Each Receipt this Period  
**182.55**

contribution

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

Mailing Address 1224 Northgate Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI.17038**

Amount of Each Receipt this Period  
**186.61**

contribution

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

Mailing Address 1224 Northgate Lane

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17256**

Amount of Each Receipt this Period  
**186.61**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>555.77</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Javier Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.16820</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Javier Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17039</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Javier Cortinas</b>		Date of Receipt
Mailing Address 1400 Northgate		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17257</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Darling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 E Peking

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17042**

Amount of Each Receipt this Period  

150.00
--------

contribution

**B. James Darling**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1225 E Peking

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17260**

Amount of Each Receipt this Period  

150.00
--------

contribution

**C. David Deanda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2408 Dorado

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16828**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

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

FOR LINE NUMBER: PAGE 32 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17044**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 2408 Dorado

City mission State TX Zip Code 78574

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17263**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17045**

Amount of Each Receipt this Period  
 125.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1105 Zinnia

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17264**

Amount of Each Receipt this Period  
**125.00**

contribution

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11AI.16827**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI.17047**

Amount of Each Receipt this Period  
**250.00**

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 120 Condor

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17266**

Amount of Each Receipt this Period  
**250.00**

contribution

**B. Luis Delgado Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17048**

Amount of Each Receipt this Period  
**150.00**

contribution

**C. Luis Delgado Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5128 N. 10th

City Mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17267**

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: (check only one)	PAGE 35 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Alberto Duran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16831**

Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Alberto Duran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17050**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 1615 Palazzo

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17269**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Antonio Esparza</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16834</b>
Mailing Address 136 W. Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Antonio Esparza</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17053</b>
Mailing Address 136 W. Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Antonio Esparza</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17272</b>
Mailing Address 136 W. Yucca		Amount of Each Receipt this Period 250.00 contribution
City mcallent	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Maria Elena Falcon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2212 Westway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16835**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Maria Elena Falcon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2212 Westway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17054**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Maria Elena Falcon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2212 Westway

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17273**

Amount of Each Receipt this Period  

250.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Alberto Felici**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W. Greenbriar Square

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17274**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 320 Primrose

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16837**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

Mailing Address 320 Primrose

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17056**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Marco Flores</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17276</b>
Mailing Address 320 Primrose		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Eugenio Galindo</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16840</b>
Mailing Address 5936 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Eugenio Galindo</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17059</b>
Mailing Address 5936 N. Cynthia		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17279**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16841**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17060**

Amount of Each Receipt this Period  

250.00
--------

contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Elvin Garcia</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17280</b>
Mailing Address 2800 Santa Teresa		Amount of Each Receipt this Period 250.00 contribution
City mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 750.00	
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Hiram Garcia</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16842</b>
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 250.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Hiram Garcia</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17061</b>
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Hiram Garcia</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17281</b>
Mailing Address 2712 E Mile 5 Road		Amount of Each Receipt this Period 250.00 contribution
City Mission	State TX	Zip Code 78574
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Oscar Garcia</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16844</b>
Mailing Address 1717 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Oscar Garcia</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17063</b>
Mailing Address 1717 Palazzo		Amount of Each Receipt this Period 400.00 contribution
City Mission	State TX	Zip Code 78572
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Oscar Garcia</b>		Date of Receipt
Mailing Address 1717 Palazzo		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mission	TX	78572
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>B. Dr. Carlos Garcia-Cantu</b>		Date of Receipt
Mailing Address 4121 N. 10th #240		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>C. Dr. Carlos Garcia-Cantu</b>		Date of Receipt
Mailing Address 4121 N. 10th #240		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mcallen	TX	78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> 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 44 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16847**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17066**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17286**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Rene Garza</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16848</b>
Mailing Address 5404 N. 1st street		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer 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	

Full Name (Last, First, Middle Initial) <b>B. Rene Garza</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17067</b>
Mailing Address 5404 N. 1st street		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Rene Garza</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17287</b>
Mailing Address 5404 N. 1st street		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Ayda Garza-Montalvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Silvarado North  
 City Palmhurst State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation self-employee physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**  
**Transaction ID : SA11AI.17068**  
 Amount of Each Receipt this Period  
**125.00**  
 contribution

**B. Dr. Ayda Garza-Montalvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2311 Silvarado North  
 City Palmhurst State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation self-employee physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**  
**Transaction ID : SA11AI.17288**  
 Amount of Each Receipt this Period  
**125.00**  
 contribution

**C. Lawrence Gelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 Sundown Drive  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**  
**Transaction ID : SA11AI.16850**  
 Amount of Each Receipt this Period  
**400.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Gelman</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17069</b>
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	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 ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Gelman</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17289</b>
Mailing Address 3900 Sundown Drive		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard Gillett</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17291</b>
Mailing Address 54 South 10th		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 106 W. Flamingo

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17292**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address P.O. Box 9817

City alamo State TX Zip Code 78516

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17295**

Amount of Each Receipt this Period  
 75.00  
 contribution

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

Mailing Address 3511 Plazas del Lago

City edinburg State TX Zip Code 78539

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16858**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Jaime Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17077**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Jaime Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 selfemployed private investor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17297**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Juan Gonzalez-Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Meadwood  
 City State Zip Code  
 weslaco TX 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self-employed physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16859**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Juan Gonzalez-Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Meadwood  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17078**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Juan Gonzalez-Dickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Meadwood  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17298**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Verley Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 E. Mile 3 Road  
 City mission State TX Zip Code 78574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16860**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Verley Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 E. Mile 3 Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17079**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Verley Gordon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1700 E. Mile 3 Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17299**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Enrique Griego**  
Full Name (Last, First, Middle Initial)  
Mailing Address 905 Inspiratin Drive

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16861**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Enrique Griego</b>		Date of Receipt
Mailing Address 905 Inspiratin Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17080</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Enrique Griego</b>		Date of Receipt
Mailing Address 905 Inspiratin Drive		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17300</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Daniel Guerra</b>		Date of Receipt
Mailing Address 101 S. Broadway		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City Mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.16863</b>
Name of Employer self-employed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 101 S. Broadway

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17082**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 101 S. Broadway

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17302**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

Mailing Address 3105 Forest Court

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17303**

Amount of Each Receipt this Period  

100.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2012  
**Transaction ID : SA11AI.16865**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2012  
**Transaction ID : SA11AI.17084**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 13337 Borolo Drive

City State Zip Code  
edinburg TX 78541

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2012  
**Transaction ID : SA11AI.17304**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Rodolfo Guerrero</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16866</b>
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 201.99 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 201.99	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rodolfo Guerrero</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17085</b>
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 212.62 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 414.61	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rodolfo Guerrero</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17305</b>
Mailing Address 1402 E. 8th Street		Amount of Each Receipt this Period 212.62 contribution
City weslaco	State TX	Zip Code 78596
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 627.23	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	627.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16868**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17087**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17307**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
01 / 18 / 2012  
**Transaction ID : SA11AI.16869**

Amount of Each Receipt this Period  
400.00  
contribution

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

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 Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11AI.17088**

Amount of Each Receipt this Period  
400.00  
contribution

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

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 Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.17308**

Amount of Each Receipt this Period  
400.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 58 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 224 Lindberg

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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16870**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 224 Lindberg

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17089**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 224 Lindberg

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 ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17309**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Victor Haddad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Burns Drive South  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16873**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Victor Haddad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Burns Drive South  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17092**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Victor Haddad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4008 Burns Drive South  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17312**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas Hausle**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 South J

City McAllen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17313**

Amount of Each Receipt this Period  
 75.00  
 contribution

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

Mailing Address 820 Tamarack

City mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17314**

Amount of Each Receipt this Period  
 100.00  
 contribution

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

Mailing Address 2000 Dana

City Pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16878**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ambrosio Hernandez</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17097</b>
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ambrosio Hernandez</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17317</b>
Mailing Address 2000 Dana		Amount of Each Receipt this Period 250.00 contribution
City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Maximiliano Hernandez</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11Al.16879</b>
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maximiliano Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Byron Nelson Drive  
 #40 Villas Jardin  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI.17098**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**B. Maximiliano Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Byron Nelson Drive  
 #40 Villas Jardin  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : SA11AI.17318**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Maria Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 Inspiration Road  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2012**  
**Transaction ID : SA11AI.16880**  
 Amount of Each Receipt this Period **250.00**  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Maria Hoffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17099**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Maria Hoffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 802 Inspiration Road

City pharr	State TX	Zip Code 78577
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17319**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Dr. Jacobo Hohenstein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 East Dove suite L

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17100**

Amount of Each Receipt this Period  

200.00
--------

contribution

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

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

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

FOR LINE NUMBER: PAGE 64 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17320**

Amount of Each Receipt this Period  
 200.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Vincent Honrubia**

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16883**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Vincent Honrubia**

Mailing Address 204 Rio Grande

City State Zip Code  
mission TX 78572

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17102**

Amount of Each Receipt this Period  
 250.00  
 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: (check only one)	PAGE 65 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Vincent Honrubia**  
Full Name (Last, First, Middle Initial)

Mailing Address 204 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17322**

Amount of Each Receipt this Period  
**250.00**

contribution

**B. Dr. Syed Husain**  
Full Name (Last, First, Middle Initial)

Mailing Address 7020 N. 1st

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17323**

Amount of Each Receipt this Period  
**100.00**

contribution

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

Mailing Address 712 S. Cage

City Pharr State TX Zip Code 78577

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11AI.16885**

Amount of Each Receipt this Period  
**400.00**

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Norma Iglesias**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2012  
**Transaction ID : SA11Al.17104**

Amount of Each Receipt this Period  
400.00  
contribution

**B. Dr. Norma Iglesias**  
Full Name (Last, First, Middle Initial)  
Mailing Address 712 S. Cage

City Pharr	State TX	Zip Code 78577
FEC ID number of contributing federal political committee. C		
Name of Employer self-employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2012  
**Transaction ID : SA11Al.17324**

Amount of Each Receipt this Period  
400.00  
contribution

**C. Nelson Kalaf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5401 N. 8th Street

City mcAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2012  
**Transaction ID : SA11Al.16888**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 67 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 5401 N. 8th Street

City State Zip Code  
mcAllen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17107**

Amount of Each Receipt this Period  
 250.00

contribution

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

Mailing Address 5401 N. 8th Street

City State Zip Code  
mcAllen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17328**

Amount of Each Receipt this Period  
 250.00

contribution

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

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16889**

Amount of Each Receipt this Period  
 250.00

contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2012  
**Transaction ID : SA11AI.17108**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2012  
**Transaction ID : SA11AI.17329**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 213 e. Xenops

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2012  
**Transaction ID : SA11AI.16890**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17109**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Mailing Address 213 e. Xenops

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17330**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16891**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17110**

Amount of Each Receipt this Period  
**250.00**

contribution

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

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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17331**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address Rt 2 Box 522-K

City weslaco State TX Zip Code 78596

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11Al.16892**

Amount of Each Receipt this Period  
**250.00**

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 71 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jorge Kutugata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rt 2 Box 522-K  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17112**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Jorge Kutugata**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rt 2 Box 522-K  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17332**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Dale Linebarger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 West 9th Street #405  
 City austin State TX Zip Code 78703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16895**  
 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: (check only one)	PAGE 72 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dale Linebarger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 West 9th Street #405  
City austin State TX Zip Code 78703  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 800.00

Date of Receipt 02 / 15 / 2012  
Transaction ID : SA11AI.17115  
Amount of Each Receipt this Period 400.00  
contribution

**B. Dale Linebarger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 West 9th Street #405  
City austin State TX Zip Code 78703  
FEC ID number of contributing federal political committee. C  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 03 / 16 / 2012  
Transaction ID : SA11AI.17335  
Amount of Each Receipt this Period 400.00  
contribution

**C. Julio Lopez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1311 6th E. Street  
City weslaco State TX Zip Code 78596  
FEC ID number of contributing federal political committee. C  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 18 / 2012  
Transaction ID : SA11AI.16898  
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: (check only one)	PAGE 73 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Salil Mangi</b>			Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11Al.16901</b>
Mailing Address 3801 Sundown Court East			Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer selfemployed		Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Salil Mangi</b>			Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17120</b>
Mailing Address 3801 Sundown Court East			Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer selfemployed		Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Salil Mangi</b>			Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17340</b>
Mailing Address 3801 Sundown Court East			Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78503	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 750.00	
Name of Employer selfemployed		Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16902**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17121**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 116 Cardinal

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17341**

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 75 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Agustin Martinez</b>		Date of Receipt
Mailing Address 7603 N. 2nd Lane		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City mcallen State TX Zip Code 78504		<b>Transaction ID : SA11AI.16903</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer selfemployed Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Agustin Martinez</b>		Date of Receipt
Mailing Address 7603 N. 2nd Lane		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen State TX Zip Code 78504		<b>Transaction ID : SA11AI.17122</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer selfemployed Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Agustin Martinez</b>		Date of Receipt
Mailing Address 7603 N. 2nd Lane		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City mcallen State TX Zip Code 78504		<b>Transaction ID : SA11AI.17342</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer selfemployed Occupation physician		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		contribution
Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1903 W. Smith

City State Zip Code  
edenburg TX 78539

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2012  
**Transaction ID : SA11AI.16904**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 1903 W. Smith

City State Zip Code  
edenburg TX 78539

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2012  
**Transaction ID : SA11AI.17123**

Amount of Each Receipt this Period  
250.00  
contribution

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

Mailing Address 1903 W. Smith

City State Zip Code  
edenburg TX 78539

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2012  
**Transaction ID : SA11AI.17343**

Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Robert Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2809 Santa Lydia  
City Mission State TX Zip Code 78572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11AI.17344**  
Amount of Each Receipt this Period 100.00  
contribution

**B. Santos Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 East Yucca  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 01 / 18 / 2012  
**Transaction ID : SA11AI.16906**  
Amount of Each Receipt this Period 250.00  
contribution

**C. Santos Martinez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 125 East Yucca  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation private investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11AI.17125**  
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: (check only one)	PAGE 78 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Santos Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 East Yucca

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17345**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 1516 Iris

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2012**

**Transaction ID : SA11AI.16908**

Amount of Each Receipt this Period  
**400.00**

contribution

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

Mailing Address 1516 Iris

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 ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11AI.17127**

Amount of Each Receipt this Period  
**400.00**

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Pedro McDougal</b>		Date of Receipt
Mailing Address 1516 Iris		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.17347</b>
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 ▼ <input type="text" value="1200.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>B. Bertha Medina</b>		Date of Receipt
Mailing Address 1300 1 1/2 Street		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16910</b>
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 ▼ <input type="text" value="400.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/>
		contribution

Full Name (Last, First, Middle Initial) <b>C. Bertha Medina</b>		Date of Receipt
Mailing Address 1300 1 1/2 Street		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.17129</b>
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 ▼ <input type="text" value="800.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/>
		contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17349**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16911**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17130**

Amount of Each Receipt this Period  

400.00
--------

contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17350**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Manuel Mercado**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3002 Santa Susana

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16912**

Amount of Each Receipt this Period  

250.00
--------

contribution

**c. Manuel Mercado**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3002 Santa Susana

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17131**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3002 Santa Susana

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17351**

Amount of Each Receipt this Period  
**250.00**

contribution

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

Mailing Address 2100 School Lane

City Mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17352**

Amount of Each Receipt this Period  
**75.00**

contribution

Full Name (Last, First, Middle Initial)  
**C. Dr. Emil Milano**

Mailing Address 225 E. Cornell

City McAllen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11AI.17354**

Amount of Each Receipt this Period  
**100.00**

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 83 OF 147  
(check only one)

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

**A. Carlos N Mohamed Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2821 Michael Angelo  
City Edinburg State TX Zip Code 78539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employed Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17355**  
Amount of Each Receipt this Period 100.00  
contribution

**B. Dr. Armando Moncada**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 North 2nd Street  
City McAllen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 400.00

Date of Receipt 01 / 18 / 2012  
**Transaction ID : SA11Al.16917**  
Amount of Each Receipt this Period 400.00  
contribution

**C. Dr. Armando Moncada**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 North 2nd Street  
City McAllen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self-employee Occupation physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 800.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11Al.17136**  
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: (check only one)	PAGE 84 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1421 North 2nd Street

City McAllen State TX Zip Code 78504

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17356**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 3325 Kent Lane

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16918**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 3325 Kent Lane

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17137**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3325 Kent Lane

City mcallen State TX Zip Code 78503

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17357**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16919**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Leonel Moreno**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17138**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Leonel Moreno</b>		Date of Receipt
Mailing Address 1608 Woods Drive		M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2012
City	State	Zip Code
mission	TX	78572
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	750.00	
		Transaction ID : SA11AI.17358
		Amount of Each Receipt this Period
		250.00
		contribution

Full Name (Last, First, Middle Initial) <b>B. Dr. Noel Oliveira</b>		Date of Receipt
Mailing Address 9917 Bentsen Road		M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2012
City	State	Zip Code
McAllen	TX	78504
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	
		Transaction ID : SA11AI.17361
		Amount of Each Receipt this Period
		100.00
		contribution

Full Name (Last, First, Middle Initial) <b>C. Dr. Athanaji Orfanos</b>		Date of Receipt
Mailing Address 3013 Lakeshore Drive		M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2012
City	State	Zip Code
Edinburg	TX	78539
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
selfemployed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	
		Transaction ID : SA11AI.17362
		Amount of Each Receipt this Period
		100.00
		contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17363**

Amount of Each Receipt this Period  

100.00
--------

contribution

**B. Armando Osio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 Tulip

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16925**

Amount of Each Receipt this Period  

250.00
--------

contribution

**C. Armando Osio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 Tulip

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17144**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Armando Osio**

Mailing Address 600 Tulip

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17364**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Fernando Otero**

Mailing Address 121 E. Quamasia #148

City 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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16927**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Fernando Otero**

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17146**

Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Fernando Otero**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Quamasia #148

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17366**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Kip Owen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2305 Red River

City mcallen State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17367**

Amount of Each Receipt this Period  
 75.00  
 contribution

**C. Prakash Palimar**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Canary

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16930**

Amount of Each Receipt this Period  
 250.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Prakash Palimar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Canary  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 15 / 2012  
**Transaction ID : SA11AI.17149**  
Amount of Each Receipt this Period  
250.00  
contribution

**B. Prakash Palimar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 121 Canary  
City mcallen State TX Zip Code 78504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer selfemployed Occupation physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2012  
**Transaction ID : SA11AI.17369**  
Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Jerry Pallares**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24399 Dillworth Road  
City Harlingen State TX Zip Code 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 ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 18 / 2012  
**Transaction ID : SA11AI.16931**  
Amount of Each Receipt this Period  
250.00  
contribution

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

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

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

FOR LINE NUMBER: PAGE 91 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Jerry Pallares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24399 Dillworth Road  
 City Harlingen State TX Zip Code 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17150**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Dr. Guillermo Pechero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2312 La Condesa  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16932**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Dr. Guillermo Pechero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2312 La Condesa  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17151**  
 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 92 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Guillermo Pechero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2312 La Condesa  
 City Edinburg State TX Zip Code 78539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17370**  
 Amount of Each Receipt this Period 400.00  
 contribution

**B. Eduardo Peguero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.Box 5959  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 15 / 2012  
**Transaction ID : SA11Al.17152**  
 Amount of Each Receipt this Period 150.00  
 contribution

**C. Eduardo Peguero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.Box 5959  
 City McAllen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 16 / 2012  
**Transaction ID : SA11Al.17371**  
 Amount of Each Receipt this Period 150.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 100 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16935**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 100 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17154**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 100 Bluebird

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17373**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Juan Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 S. Huisache Court  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16936**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Juan Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 S. Huisache Court  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17155**  
 Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Juan Pena**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 S. Huisache Court  
 City pharr State TX Zip Code 78577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self-employed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17374**  
 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 95 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nicholas Pereira</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17156</b>
Mailing Address 7005 North Cynthia		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Nicholas Pereira</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17375</b>
Mailing Address 7005 North Cynthia		Amount of Each Receipt this Period 150.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employee	
Occupation physician		Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Florencia Perez</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17158</b>
Mailing Address 4600 Victoria		Amount of Each Receipt this Period 174.97 contribution
City McAllen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	
Occupation private investor		Aggregate Year-to-Date ▼ 341.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	474.97
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Florencia Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Victoria  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17377**  
 Amount of Each Receipt this Period  
 174.97  
 contribution

**B. Claudia Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17159**  
 Amount of Each Receipt this Period  
 200.97  
 contribution

**C. Claudia Pierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6912 N. Peking  
 City mcallen State TX Zip Code 78501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 592.87

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17378**  
 Amount of Each Receipt this Period  
 200.97  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.91  
**TOTAL** This Period (last page this line 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 97 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Sergio Preciado</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16943</b>
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Sergio Preciado</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17162</b>
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sergio Preciado</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17381</b>
Mailing Address 521 E. Bluebird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 98 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16944**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Sergio Ramirez**

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17163**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**C. Sergio Ramirez**

Mailing Address 1608 Woods Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17382**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gustavo Ramos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physcain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16945**

Amount of Each Receipt this Period  
 400.00  
 contribution

**B. Gustavo Ramos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physcain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17164**

Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Gustavo Ramos**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 S. Perking

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physcain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17383**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 100 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. R.V. Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Southland Drive  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17168**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**B. R.V. Reddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 Southland Drive  
 City weslaco State TX Zip Code 78596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17387**  
 Amount of Each Receipt this Period  
 125.00  
 contribution

**C. William Restrepo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1117 S. Cynthia  
 City mcallen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16951**  
 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 101 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17170**

Amount of Each Receipt this Period  
 250.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. William Restrepo**

Mailing Address 1117 S. Cynthia

City State Zip Code  
mcallen TX 78504

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17389**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16953**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Homero Rivas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11Al.17172**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Homero Rivas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 E. Houston

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11Al.17391**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Benjamin Robalino**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1217 S. Cynthia

City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C		
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt  
01 / 18 / 2012  
**Transaction ID : SA11Al.16954**

Amount of Each Receipt this Period  
250.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
selfemployed physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17173**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17392**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17394**

Amount of Each Receipt this Period  
 75.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Javier Saenz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16957**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17176**

Amount of Each Receipt this Period  
 400.00  
 contribution

**C. Javier Saenz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2308 Monaco Drive

City mission State TX Zip Code 78574

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17395**

Amount of Each Receipt this Period  
 400.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 105 OF 147  
(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. JJ Saenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16958**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. JJ Saenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17177**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. JJ Saenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 S.E. Augusta Square  
 City mcallen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17396**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Larry Safir</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16959</b>
Mailing Address 3300 S. 2nd suite 10		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Safir</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17178</b>
Mailing Address 3300 S. 2nd suite 10		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	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 ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. Larry Safir</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17397</b>
Mailing Address 3300 S. 2nd suite 10		Amount of Each Receipt this Period 400.00 contribution
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. C	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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 107 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Juan Salazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16960**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Juan Salazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17179**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Juan Salazar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 E Nolana Loop  
 City McAllen State TX Zip Code 78504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17398**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Elisa Garza Sanchez</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11AI.17180</b>
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX Zip Code 78574	
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Elisa Garza Sanchez</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11AI.17399</b>
Mailing Address 3509 N. Glasscock		Amount of Each Receipt this Period 125.00 contribution
City Mission	State TX Zip Code 78574	
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Victor Sanchez</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11AI.16962</b>
Mailing Address P.O. Box 1868		Amount of Each Receipt this Period 250.00 contribution
City McAllen	State TX Zip Code 78503	
FEC ID number of contributing federal political committee.	C	
Name of Employer 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 147
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mr. Victor Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1868  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17181**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Mr. Victor Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1868  
 City McAllen State TX Zip Code 78503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation private investor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17400**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Michael Seiba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 4556  
 City mcallen State TX Zip Code 78502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16965**  
 Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 110 OF 147
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Michael Seiba</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17184</b>
Mailing Address P. O. Box 4556		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 500.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Seiba</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17403</b>
Mailing Address P. O. Box 4556		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78502
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 750.00	
Name of Employer selfemployed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Samuel Serna</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17404</b>
Mailing Address 125 E. Cornell		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer self-employee	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tawhid Shuaib</b>		Date of Receipt
Mailing Address 4000 Burns Drive		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.16967</b>
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 ▼ <input type="text" value="400.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/> contribution

Full Name (Last, First, Middle Initial) <b>B. Tawhid Shuaib</b>		Date of Receipt
Mailing Address 4000 Burns Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17186</b>
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 ▼ <input type="text" value="800.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/> contribution

Full Name (Last, First, Middle Initial) <b>C. Tawhid Shuaib</b>		Date of Receipt
Mailing Address 4000 Burns Drive		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78503
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17405</b>
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 ▼ <input type="text" value="1200.00"/>	
		Amount of Each Receipt this Period <input type="text" value="400.00"/> contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Joel Solis**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17189**

Amount of Each Receipt this Period  
 122.60  
 contribution

**B. Joel Solis**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 E. Avocet

City Mcallen State TX Zip Code 78501

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17408**

Amount of Each Receipt this Period  
 122.60  
 contribution

**C. Dr. Hector Soto**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 South Greenbriar

City McAllen State TX Zip Code 78502

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

Name of Employer self-employee Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11Al.16971**

Amount of Each Receipt this Period  
 400.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 645.20

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Hector Soto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17190**

Amount of Each Receipt this Period  

400.00
--------

contribution

**B. Dr. Hector Soto**  
Full Name (Last, First, Middle Initial)  
Mailing Address 101 South Greenbriar

City McAllen	State TX	Zip Code 78502
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17409**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Alejandro Tey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3012 Laurie Lane

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

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

Name of Employer Self employed	Occupation physician
-----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16974**

Amount of Each Receipt this Period  

250.00
--------

contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Alejandro Tey</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17193</b>
Mailing Address 3012 Laurie Lane		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Alejandro Tey</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17412</b>
Mailing Address 3012 Laurie Lane		Amount of Each Receipt this Period 250.00 contribution
City Edinburg	State TX	Zip Code 78539
FEC ID number of contributing federal political committee.	C	
Name of Employer Self employed	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Trejo</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11Al.16975</b>
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee.	C	
Name of Employer 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>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jose Trejo</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17194</b>
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Jose Trejo</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17413</b>
Mailing Address 112 S. Broadway		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78501
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation private investor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Krishna Turlapati</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17415</b>
Mailing Address 9123 1st Street		Amount of Each Receipt this Period 100.00 contribution
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer selfemployed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Susan Turley</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2012 <b>Transaction ID : SA11Al.16978</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Turley</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 <b>Transaction ID : SA11Al.17197</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Susan Turley</b>		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 <b>Transaction ID : SA11Al.17416</b>
Mailing Address 312 Thunderbird		Amount of Each Receipt this Period 250.00 contribution
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. C	Name of Employer self-employed	Occupation physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Marcel Twahirwa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16979**

Amount of Each Receipt this Period  
 250.00  
 contribution

**B. Marcel Twahirwa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17198**

Amount of Each Receipt this Period  
 250.00  
 contribution

**C. Marcel Twahirwa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2403 El Encino Drive

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17417**

Amount of Each Receipt this Period  
 250.00  
 contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Theresa Valladares**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 Red River Drive  
 City Mission State TX Zip Code 78572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : SA11AI.17418**  
 Amount of Each Receipt this Period **100.00**  
 contribution

**B. Jose Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 18 / 2012**  
**Transaction ID : SA11AI.16981**  
 Amount of Each Receipt this Period **250.00**  
 contribution

**C. Jose Vasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2548 Palm Circle  
 City rio grande city State TX Zip Code 78582  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer selfemployed Occupation physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 15 / 2012**  
**Transaction ID : SA11AI.17200**  
 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: (check only one)	PAGE 119 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2548 Palm Circle

City State Zip Code  
rio grande city TX 78582

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

Name of Employer Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.17419**

Amount of Each Receipt this Period  
250.00  
contribution

**B. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

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 Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 18 / 2012  
**Transaction ID : SA11AI.16982**

Amount of Each Receipt this Period  
250.00  
contribution

**C. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

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 Occupation  
selfemployed physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11AI.17201**

Amount of Each Receipt this Period  
250.00  
contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Efraim Vela**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 E. Ridge Road #B

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11Al.17420**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Ramiro Verdoreen**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11Al.16984**

Amount of Each Receipt this Period  

400.00
--------

contribution

**C. Ramiro Verdoreen**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 E. Newport

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11Al.17202**

Amount of Each Receipt this Period  

400.00
--------

contribution

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 301 E. Newport

City mcallen State TX Zip Code 78501

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17421**

Amount of Each Receipt this Period  
 400.00  
 contribution

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

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11Al.17203**

Amount of Each Receipt this Period  
 125.00  
 contribution

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

Mailing Address P. O. Box 1632

City mission State TX Zip Code 78573

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11Al.17422**

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: (check only one)	PAGE 122 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rita Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana  
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.68

Date of Receipt  
02 / 15 / 2012  
**Transaction ID : SA11AI.17204**

Amount of Each Receipt this Period  
122.91  
contribution

**B. Rita Villanueva**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 E. Nolana  
Suite 4

City mcallen State TX Zip Code 78504

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
362.59

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.17423**

Amount of Each Receipt this Period  
122.91  
contribution

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

Mailing Address 901 W. Moore

City pharr State TX Zip Code 78577

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
296.44

Date of Receipt  
03 / 16 / 2012  
**Transaction ID : SA11AI.17424**

Amount of Each Receipt this Period  
100.49  
contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 346.31

**TOTAL** This Period (last page this line 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 123 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Roger Vitko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2012  
**Transaction ID : SA11AI.17206**

Amount of Each Receipt this Period  
 150.00  
 contribution

**B. Roger Vitko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1017 south 1st

City mcallen State TX Zip Code 78502

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

Name of Employer self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17425**

Amount of Each Receipt this Period  
 150.00  
 contribution

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

Mailing Address 1117 Shallow apt 4

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA11AI.16989**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Raymond Walker</b>		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17207</b>
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	contribution

Full Name (Last, First, Middle Initial) <b>B. Raymond Walker</b>		Date of Receipt
Mailing Address 1117 Shallow apt 4		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17426</b>
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	contribution

Full Name (Last, First, Middle Initial) <b>C. James Webb</b>		Date of Receipt
Mailing Address 312 Redbud		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17208</b>
Name of Employer self-employed	Occupation private investor	Amount of Each Receipt this Period <input type="text" value="111.07"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.58"/>	contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="611.07"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 312 Redbud

City mcallen State TX Zip Code 78504

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

Name of Employer self-employed Occupation private investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17427**

Amount of Each Receipt this Period  
**111.07**

contribution

**B. Patrick Wilcox**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Rio Grande

City mission State TX Zip Code 78572

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

Name of Employer selfemployed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11Al.17428**

Amount of Each Receipt this Period  
**100.00**

contribution

**C. Subbarao Yarra**  
Full Name (Last, First, Middle Initial)

Mailing Address 6905 N. Cynthia

City McAllen State TX Zip Code 78504

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

Name of Employer Self-employed Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11Al.17210**

Amount of Each Receipt this Period  
**200.00**

contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **411.07**

**TOTAL** This Period (last page this line 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 126 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Subbarao Yarra</b>		Date of Receipt
Mailing Address 6905 N. Cynthia		<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City McAllen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17429</b>
Name of Employer Self-employed		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>

Full Name (Last, First, Middle Initial) <b>B. Dr. Christopher Zaleski</b>		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.16993</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>c. Dr. Christopher Zaleski</b>		Date of Receipt
Mailing Address 6804 N. 1st		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City mcallen	State TX	Zip Code 78504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17211</b>
Name of Employer selfemployed		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation physician		contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 147
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Christopher Zaleski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6804 N. 1st

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2012

**Transaction ID : SA11AI.17430**

Amount of Each Receipt this Period  

250.00
--------

contribution

**B. Hugo Zapata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 316 Xenops

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2012

**Transaction ID : SA11AI.16994**

Amount of Each Receipt this Period  

400.00
--------

contribution

**c. Hugo Zapata**  
Full Name (Last, First, Middle Initial)  
Mailing Address 316 Xenops

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

**Transaction ID : SA11AI.17212**

Amount of Each Receipt this Period  

400.00
--------

contribution

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

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

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

FOR LINE NUMBER: PAGE 128 OF 147  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Hugo Zapata**

Mailing Address 316 Xenops

City mcallen      State TX      Zip Code 78504

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

Name of Employer selfemployed      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17431**

Amount of Each Receipt this Period  
 400.00  
 contribution

Full Name (Last, First, Middle Initial)  
**B. Dr. Fuad Zayed**

Mailing Address 1425 Sweet Lane

City Edinburg      State TX      Zip Code 78539

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

Name of Employer selfemployed      Occupation physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 16 / 2012  
**Transaction ID : SA11AI.17433**

Amount of Each Receipt this Period  
 75.00  
 contribution

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

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	96481.08



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

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

FOR LINE NUMBER: PAGE 129 OF 147  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. NEW JERSEY DEMOCRATIC STATE COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 196 WEST STATE STREET  
 City State Zip Code  
 TRENTON NJ 08608  
 FEC ID number of contributing federal political committee. **C** C00104471  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2012  
**Transaction ID : SA16.17500**  
 Amount of Each Receipt this Period  
 5000.00  
 refund of contribution on 01.03.2012 - clear chk date

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 04 / 2012

**Transaction ID : SB21B.17437**

Amount of Each Disbursement this Period

5305.97

Full Name (Last, First, Middle Initial)

**B. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 17 / 2012

**Transaction ID : SB21B.17440**

Amount of Each Disbursement this Period

5006.93

Full Name (Last, First, Middle Initial)

**C. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 30 / 2012

**Transaction ID : SB21B.17444**

Amount of Each Disbursement this Period

5006.94

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15319.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditures

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17447**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17452**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
phone/IT services

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17479**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2012

Transaction ID : SB21B.17455

Amount of Each Disbursement this Period

5006.93

Full Name (Last, First, Middle Initial)

**B. Ms Eliza Alvardo**

Mailing Address 1303 W. Kiwi #4

City Pharr State TX Zip Code 78577

Purpose of Disbursement  
contract services - salary expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2012

Transaction ID : SB21B.17458

Amount of Each Disbursement this Period

5006.93

Full Name (Last, First, Middle Initial)

**C. Art Village on Main, llc**

Mailing Address 800 N. Main

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
rental of center

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2012

Transaction ID : SB21B.17485

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10413.86

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ATT**

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement  
telephone land lines

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2012

**Transaction ID : SB21B.17448**

Amount of Each Disbursement this Period

234.89

Full Name (Last, First, Middle Initial)

**B. ATT**

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement  
telephone land lines

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 24 / 2012

**Transaction ID : SB21B.17470**

Amount of Each Disbursement this Period

232.68

Full Name (Last, First, Middle Initial)

**C. ATT**

Mailing Address P.O. Box 930170

City Dallas State TX Zip Code 75393

Purpose of Disbursement  
telephone land lines

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2012

**Transaction ID : SB21B.17496**

Amount of Each Disbursement this Period

253.05

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

720.62

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Cantus Special Events**

Mailing Address 1601 N. 7th

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
rental of chairs, tables, linen

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2012

Transaction ID : SB21B.17486

Amount of Each Disbursement this Period

318.26

Full Name (Last, First, Middle Initial)

**B. Carmen Catering**

Mailing Address 901 South Cage

City Pharr State TX Zip Code 78501

Purpose of Disbursement  
meals expenditures

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2012

Transaction ID : SB21B.17478

Amount of Each Disbursement this Period

1600.00

Full Name (Last, First, Middle Initial)

**C. Digital Office Supplies**

Mailing Address 4800 W. Expressway 83

City McAllen State TX Zip Code 78501

Purpose of Disbursement  
equipment lease expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2012

Transaction ID : SB21B.17495

Amount of Each Disbursement this Period

610.11

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2528.37

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17438**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17441**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17445**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17450**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17453**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Sandra Escamilla**

Mailing Address 1418 Quince

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
contract services - salary expenditures

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17456**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposit - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

Transaction ID : SB21B.17436

Amount of Each Disbursement this Period

9358.17

Full Name (Last, First, Middle Initial)

**B. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposit - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2012

Transaction ID : SB21B.17443

Amount of Each Disbursement this Period

7225.79

Full Name (Last, First, Middle Initial)

**C. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposit - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2012

Transaction ID : SB21B.17451

Amount of Each Disbursement this Period

6957.21

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

23541.17

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Internal Revenue Services**

Mailing Address 324 25th Street

City Odgen State UT Zip Code 84401

Purpose of Disbursement  
quarterly tax deposit - IRS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2012

Transaction ID : SB21B.17459

Amount of Each Disbursement this Period

8242.31
---------

Full Name (Last, First, Middle Initial)

**B. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	13	/	2012

Transaction ID : SB21B.17439

Amount of Each Disbursement this Period

1395.60
---------

Full Name (Last, First, Middle Initial)

**C. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2012

Transaction ID : SB21B.17442

Amount of Each Disbursement this Period

1590.30
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11228.21
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17446**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17449**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditure

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.17454**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ms Prisylla Jasso**

Mailing Address 213 Quail Court

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
contract services - salary expenditures

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17457

Amount of Each Disbursement this Period

2	5	5	6	.	5	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Peppers**

Mailing Address 4620 North 10th Street

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
luncheon meeting

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17494

Amount of Each Disbursement this Period

4	6	8	.	7	4
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 607 Fourteenth Street N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement  
legal fees

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.17469

Amount of Each Disbursement this Period

2	7	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	2	9	5	.	2	9
---	---	---	---	---	---	---

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

3	2	9	5	.	2	9
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sprint**

Mailing Address P.O. Box 8077

City London State KY Zip Code 40742

Purpose of Disbursement  
phone service expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : SB21B.17481

Amount of Each Disbursement this Period

238.73
--------

Full Name (Last, First, Middle Initial)

**B. Water Tower Village**

Mailing Address 52211 N. McColl Road

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
office lease expenditure

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : SB21B.17482

Amount of Each Disbursement this Period

1331.25
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1569.98
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**TOTAL** This Period (last page this line number only)..... ▶

88382.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Date of Disbursement

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

Mailing Address 430 South Capitol Street SE  
2nd Floor

**Transaction ID : SB23.17462**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement contribution

0	1	1
---	---	---

Category/Type

Candidate Name

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Date of Disbursement

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

Mailing Address 120 MARYLAND AVENUE NE

**Transaction ID : SB23.17463**

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement contribution

0	1	1
---	---	---

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. GRACE NAPOLITANO**

Date of Disbursement

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

Mailing Address 12946 E. Belcher St.

**Transaction ID : SB23.17467**

City Norwalk State CA Zip Code 90650

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement contribution

0	1	1
---	---	---

Category/Type

Candidate Name

GRACE NAPOLITANO

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: CA District: 38

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Form/Schedule: SB23

Transaction ID : SB23.17467

On 01.03.2012 contribution made to New Jersey Democratic State Committee of \$10,000 with check date of 12.27.2011 --- check cleared on 01.03.2012 and reflected as same. New Jersey Democratic State Committee refund/return \$5,000 of contribution (\$10K) and reflected as return/refund on 01.18.2012.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 03 / 2012

Transaction ID : SB23.17460

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. NEW JERSEY DEMOCRATIC STATE COMMITTEE**

Mailing Address 196 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2012

Transaction ID : SB23.17493

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

20000.00

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

45000.00



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Boys & Girls Club of McAllen**

Mailing Address P.O. Box 577

City McAllen State TX Zip Code 78505

Purpose of Disbursement  
donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18370**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. National Democratic Redistricting Trust**

Mailing Address 1401 K Street NW 201

City Washington State DC Zip Code 20005

Purpose of Disbursement  
donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18366**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Valley Alliance of Mentors for Opportunities**

Mailing Address 5221 N McColl Rd

City McAllen State TX Zip Code 78502

Purpose of Disbursement  
donation

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**012**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.18368**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 146 OF 147
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.9553</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>AC Rentals</b>	Nature of Debt (Purpose): rental space
Mailing Address PO Box 2673	
City State Zip Code McAllen TX 78502	

Outstanding Balance Beginning This Period 900.00	<b>Transaction ID : SD10.10053</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 900.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1800.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1800.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	1800.00

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

Form/Schedule: SD10

Transaction ID : SD10.9553

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

Form/Schedule: SD10

Transaction ID: SD10.10053

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