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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	'	or other i	illali Ali Aut	HOHZEG	Committee			Office U	se Only	
1. NAME COMM	: OF //ITTEE (in full)	TYPE OR PR	RINT ▼		nple: If typir the lines.	ng, type	12FE	4M5		
BORDE	ER HEALTH FE	DERAL P	AC							
ADDRESS	(number and street)	612 W. Nol	ana Suite 340							
·	heck if different									
th	nan previously eported. (ACC)	McAllen				1	TX	7850	4 -	
	(100)									
2. FEC I	DENTIFICATION NU	JMBER ▼	CI	ΓY ▲			STATE A	\	ZIP COD	E 🛦
С	C00415752			S THIS REPORT		N) OR	×	AMENDED (A)		
	E OF REPORT se One)	(b) Month Repor	t On:	20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Q	uarterly Reports:			20 (M3)		Jun 20 (M6)	Н	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
×	April 15 Quarterly Report (C	21)		20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	July 15 Quarterly Report (C)2) F	2-Day PRE-Election		Primary (12P	-		neral (12G)	Ш	Runoff (12R)
	October 15 Quarterly Report (C		Report for the:		Convention (12C)	Spe	ecial (12S)		
	January 31 Year-End Report (Y		Election	on on	M = M /	D D /	Y	Y	in the State of	
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	n F	80-Day		General (300	à)	Rui	noff (30R)		Special (30S)
	Termination Report (TER)		Report for the: Election	on on	M = M /	D D /	Y " Y "	Y	in the State of	
5. Coveri	ng Period 01		2012	Y	through	M M	/ D 31		12	
I certify that	at I have examined th	is Report and	d to the best of	my know	ledge and b	pelief it is tru	ue, corre	ct and comple	ete.	
Type or Pri	int Name of Treasure	r Ernie Pere	z							
Signature o	of Treasurer Ernie	e Perez		[.	Electronically	Filed] [Date	M M / D 11	D / Y	2013
NOTE: Sub	mission of false, erron	eous, or incom	nplete_informatio	n may sub	ject the pers	son signing tl	his Repor	t to the penalt	ies of 2 U.	S.C. §437g.
	Office Use								FORN Rev. 12/200	
	Only							'	100. 12/200	~ <u> </u>

Г	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	Write or Type Committee Name		
Е	BORDER HEALTH FEDERAL PAC		
R	Report Covering the Period: From: 01	01 2012	To: 03 31 7 2012
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1800.00	
	This committee has qualified as a multicand	idate committee. (see FEC FORM 1M)	
	Fo	r further information contact:	
	J	Federal Election Commission 999 E Street, NW	

Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

BORDER HEALTH FEDERAL PAC

I. Receipts	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		00404.00
(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
Transfers From Affiliated/Other		7
Party Committees	0.00	0.00
Tarty Committees	0.00	7
All Loans Received	0.00	0.00
All Louis Hoceway		
	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	5000.00	5000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
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
(a) 201111 and (noni concade no)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	117025.58	117025.58
,, ., .,,,,	11702000	4
Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
(i) Federal Share	0.00	0.00				
··	0.00	0.00				
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00				
Expenditures	88711.28	88711.28				
(c) Total Operating Expenditures	88711.28	88711.28				
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	30711.25	00711.20				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	45000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(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				
(I) Table Occident from D. (1)						
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	45000.00	45000.00				
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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	178711.28	178711.28				
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	112025.58	112025.58
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112025.58	112025.58
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	88711.28	88711.28
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	88711.28	88711.28

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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 refence 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:

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

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16779
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	30 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Charity Abreu		Date of Receipt
Mailing Address 1619 hertiage lane		02 15 2012 -
City	State Zip Code	Transaction ID : SA11AI.16999
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	'	
Receipt For:	physician	\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Charity Abreu	·	Date of Receipt
Mailing Address 1619 hertiage lane		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17217
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employee	physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional))	750.00
, 5. 152 (spholia,		
TOTAL This Period (last page this line numb	per only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID: SA11Al.17000 Amount of Each Receipt this Period 150.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Abreu Mailing Address 200 E. Xenops City McAllen FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 450.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17218 Amount of Each Receipt this Period 150.00 contribution
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D B / 2012 Transaction ID : SA11AI.16781 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	er only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Ruben Abreu Mailing Address 104 augusta square		Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employee	State Zip Code TX 78503 C Occupation physician	Transaction ID : SA11AI.17001 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ruben Abreu Mailing Address 104 augusta square	Chata 7' O '	Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.17219 Amount of Each Receipt this Period 250.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution -
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 807 North Cage City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed	TX 78577 C Occupation physician	Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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

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or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Juan Aguilera Mailing Address 997 North Care		Date of Receipt
Mailing Address 807 North Cage		02 15 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.17002
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Juan Aguilera		Date of Receipt
Mailing Address 807 North Cage		03 16 _2012 _
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17220
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) C. Michael Alleyn		Date of Receipt
Mailing Address 5505 N. 4th		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16784
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00
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TOTAL This Period (last page this line nun	mber only)	

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

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

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th City mcallen	State Zip Code TX 78501	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 500.00	250.00 contribution
Full Name (Last, First, Middle Initial) Michael Alleyn Mailing Address 5505 N. 4th	State 7in Codo	Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 750.00	Transaction ID : SA11AI.17222 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).	>	750.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Michael Amyx Mailing Address 2108 Mynah	Date of Receipt	
City mcallen	State Zip Code TX 78501	02 15 2012 Transaction ID : SA11AI.17006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify)	private investor Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Michael Amyx Mailing Address 2108 Mynah		Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17224 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 750.00	contribution
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops City	State Zip Code	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17007
Mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)		625.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Edwardo Aquino Mailing Address 112 E. Xenops		Date of Receipt
City	State Zip Code	03
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	contribution
selfemployed Receipt For:	physician Aggregate Veer-to-Date	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) 3. Dario Arango	1	Date of Receipt
Mailing Address 7004		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N. Cynthia City	State Zip Code	01 18 2012 Transaction ID : SA11AI.16789
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed Receipt For:	physician	4
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dario Arango		Date of Receipt
Mailing Address 7004 N. Cynthia		02 15 2012
City	State Zip Code TX 78504	Transaction ID : SA11AI.17008
mcallen		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)) >	625.00
	per only)	

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

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		13		14		15	16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dario Arango Mailing Address 7004		Date of Receipt
N. Cynthia City	State Zip Code	03 16 2012 Transaction ID : SA11Al.17226
mcallen	TX 78504	Transaction ID : SA11AI.17226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila Mailing Address 104 W. 20th Street		Date of Receipt
City Weslaco	State Zip Code TX 78596	02 15 2012 Transaction ID : SA11AI.17011 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer self-employed	Occupation doctor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Felipe Avila		Date of Receipt
Mailing Address 104 W. 20th Street		03 16 2012
City Weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.17229 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer self-employed Receipt For: Primary General	Occupation doctor Aggregate Year-to-Date ▼	contribution
Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional)	>	500.00
TOTAL This Period (last page this line number	r only)	7 7 7

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

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	13		14		15		16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 18 2012 Transaction ID: SA11AI.16793 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17012 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Murphy Badiga Mailing Address 1503 S. Airport suite 6 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78596 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
SUBTOTAL of Receipts This Page (optional).		1200.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Marcos Barrera Mailing Address 3000 Yellowhammer City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17233 Amount of Each Receipt this Period 125.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 18 2012 Transaction ID: SA11AI.16797 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	<u> </u>	500.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17016 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Barrera Mailing Address 420 Frio City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17234 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt O1 18 2012 Transaction ID : SA11AI.16798 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (options	al)	900.00

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C Occupation	Date of Receipt M
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. Sebrahmanyan Behara Mailing Address 121 Cardinal		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17235 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	- contribution
Full Name (Last, First, Middle Initial) Juan Bernini Mailing Address 2804 Santa Ana City	State Zip Code	Date of Receipt O1 18 2012 Transaction ID: SA11Al.16799
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For:	TX 78574 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	1050.00
TOTAL This Period (last page this line number	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana 15 2012 City State Zip Code Transaction ID : SA11AI.17018 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Juan Bernini Date of Receipt Mailing Address 2804 Santa Ana 03 16 2012 City State Zip Code Transaction ID: SA11AI.17236 TX mission 78574 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Sarojini Bose Date of Receipt Mailing Address 7007 N 1st Lane 01 18 2012 City State Zip Code Transaction ID: SA11AI.16800 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General

250.00

Other (specify)

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17019 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed Receipt For:	Occupation physician	250.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sarojini Bose Mailing Address 7007 N 1st Lane		Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17237 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court	750.00	Date of Receipt
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.16801 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u>-</u>	750.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC			
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt		
	Chala Ti C :	02 15 2012		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17020 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer self-employed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Francisco Bracamontes Mailing Address 2005 Cimarron Court		Date of Receipt 03 16 2012		
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17238 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) C. Robert Brace		Date of Receipt		
Mailing Address 2000 N. 8th Street		01 18 2012		
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16803 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	. contribution		
SUBTOTAL of Receipts This Page (optional)		900.00		
TOTAL This Period (last page this line number	r only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and address of any political committee	to solicit contributions from Such confinitee.		
Full Name (Last, First, Middle Initial) A. Robert Brace Mailing Address 2000 N. 8th Street		Date of Receipt		
	7. 0. 1	02 15 2012		
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.17022		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00		
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution		
Other (specify) ▼	800.00			
Full Name (Last, First, Middle Initial) Robert Brace Mailing Address 2000 N. 8th Street		Date of Receipt		
City mcallen	State Zip Code TX 78501			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer self-employed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial)	'	Date of Receipt		
Mailing Address P.O.Box 2673		01 18 _ 2012 _		
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.16806 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer	Occupation	contribution		
self-employed				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (options	al) >	1200.00		
TOTAL This Period (last page this line nur	· · · · · · · · · · · · · · · · · · ·			

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) A. Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt
City mcallen	State Zip Code TX 78502	02 15 2012 Transaction ID : SA11AI.17025 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Alonzo Cantu Mailing Address P.O.Box 2673		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78502	Transaction ID : SA11AI.17243 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 1200.00	contribution
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numbe	r only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt
City mcallen	State Zip Code TX 78501	02 15 2012 Transaction ID : SA11AI.17028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For:	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Carlos Cardenas Mailing Address 1000 N. Taylor Road		Date of Receipt
City mcallen	State Zip Code TX 78501	03 16 2012 Transaction ID : SA11AI.17246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Jose Carreras		Date of Receipt
Mailing Address 1016 E. Griffin Parkway	Chart Tr. C. :	01 18 2012
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway		Date of Receipt
City	State Zip Code TX 78572	02 15 2012 Transaction ID : SA11AI.17029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
self-employed Receipt For: Primary General Other (specify)	physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Jose Carreras Mailing Address 1016 E. Griffin Parkway		Date of Receipt 03 16 2012
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.17247 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	contribution
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt O1 18 _ 2012 _
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16812 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 contribution
Name of Employer self-employed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	Contribution
Other (specify) ▼	250.00	1050.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	1000.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address 223 Rio Grande Drive		Date of Receipt
City	State Zip Code	02 15 2012 Transaction ID : SA11AI.17031
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Augusto Castrillon Mailing Address and Richards		Date of Receipt
Mailing Address 223 Rio Grande Drive City	03 16 2012 Transaction ID : SA11AI.17249	
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas		Date of Receipt
Mailing Address 2301 N. Bryan Road		02 15 2012
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17032 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	625.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC						
Full Name (Last, First, Middle Initial) Norma Cavazos-Salas Mailing Address 2301 N. Bryan Road	Norma Cavazos-Salas ailing Address 2301 N. Bryan Road						
City mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Transaction ID : SA11AI.17250 Amount of Each Receipt this Period 125.00 contribution					
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17033 Amount of Each Receipt this Period 125.00 contribution					
Full Name (Last, First, Middle Initial) R. Chandrarasekharan Mailing Address 1210 East 8th street suite 1 City weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78591 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17251 Amount of Each Receipt this Period 125.00 contribution					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	375.00					
TOTAL This Period (last page this line numb	per only)						

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or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Dr. Virah Cooper Mailing Address 1801 South 5th Street suite 7						
		03 16 2012				
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.17253				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer self-employee	Occupation physician	contribution				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Dr. Oscar Cortez Mailing Address, 4101 South Burgs Drive		Date of Receipt				
Mailing Address 4101 South Burns Drive City McAllen	State Zip Code TX 78503	03 16 2012 Transaction ID : SA11AI.17254 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00 contribution				
Name of Employer Self employed	Occupation physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) Diana Cortinas		Date of Receipt				
Mailing Address 1400 Northgate Lane		02 15 2012				
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17037 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	182.55				
Name of Employer	Occupation	contribution				
self-employed	physician]				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	355.97					
SUBTOTAL of Receipts This Page (optional)		382.55				
TOTAL This Period (last page this line number	<u></u>					

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC				
Full Name (Last, First, Middle Initial) Diana Cortinas Mailing Address 1400 Northgate Lane		Date of Receipt			
City mcallen	State Zip Code TX 78504	03 16 2012 Transaction ID : SA11AI.17255			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 182.55			
Name of Employer self-employed	Occupation physician	- contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.52				
Full Name (Last, First, Middle Initial) 3. Guillermo Cortinas Mailing Address 1224 Northgate Lane		Date of Receipt 02 15 2012			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17038 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	186.61			
Name of Employer self-employed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 363.89				
Full Name (Last, First, Middle Initial) Guillermo Cortinas		Date of Receipt			
Mailing Address 1224 Northgate Lane		03 16 / Y = Y = Y = Y			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17256 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	186.61			
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 550.50	. contribution			
SUBTOTAL of Receipts This Page (optional)		555.77			
TOTAL This Period (last page this line numbe	r only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.16820 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer self-employed Receipt For:	Occupation physician Aggregate Year-to-Date ▼	- contribution
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
Mailing Address 1400 Northgate City	State Zip Code	Date of Receipt 02 15 2012
mcallen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.17039 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contribution
Full Name (Last, First, Middle Initial) Javier Cortinas Mailing Address 1400 Northgate City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA1AN 17357
mcallen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.17257 Amount of Each Receipt this Period 250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.17042
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer selfemployed	Occupation private investor	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) James Darling Mailing Address 1225 E Peking		Date of Receipt 03 16 2012
City mcallen	State Zip Code TX 78501	03 16 2012 Transaction ID : SA11AI.17260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) David Deanda		Date of Receipt
Mailing Address 2408 Dorado	7.0	01 18 2012
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.16828 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	. contribution
SUBTOTAL of Receipts This Page (optional).		550.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) A. David Deanda Mailing Address 2408 Dorado		Date of Receipt			
	7. 0. 1	02 15 2012			
City mission	State Zip Code TX 78574	Transaction ID : SA11AI.17044			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer self-employed Receipt For:	Occupation private investor Aggregate Year-to-Date ▼	contribution			
Primary General Other (specify) ▼	Aggregate Tear-to-Date ▼				
Full Name (Last, First, Middle Initial) 3. David Deanda Mailing Address 2408 Decade		Date of Receipt			
Mailing Address 2408 Dorado City	State Zip Code TX 78574	03 16 2012 Transaction ID : SA11AI.17263			
mission FEC ID number of contributing federal political committee.	TX 78574	Amount of Each Receipt this Period 250.00			
Name of Employer self-employed	Occupation private investor	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) Dr. Carlos De Juana		Date of Receipt			
Mailing Address 1105 Zinnia		02 15 2012			
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.17045 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer self-employee	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		625.00			
TOTAL This Period (last page this line number	only)				

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	ng the name and address of any political committee			
BORDER HEALTH FEDER	AL PAC			
Full Name (Last, First, Middle Initial) Dr. Carlos De Juana		Date of Receipt		
Mailing Address 1105 Zinnia		03 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.17264		
McAllen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	125.00		
Name of Employer	Occupation	contribution		
self-employee	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	gggg 10a. to 5a.to 7			
Other (specify) ▼	375.00			
Full Name (Last, First, Middle Initial) Jorge De La Garza		Date of Receipt		
Mailing Address 120 Condor		01 18 _2012 _		
City	State Zip Code	Transaction ID : SA11AI.16827		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer	contribution			
self-employed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Jorge De La Garza	I	Date of Receipt		
Mailing Address 120 Condor		02 15 2012		
City	State Zip Code	Transaction ID : SA11AI.17047		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Name of Employer Occupation			
self-employed	physician			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	500.00			
SUBTOTAL of Receipts This Page (option	al)	625.00		
TOTAL This Period (last page this line nu	mber only)			

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Jorge De La Garza Mailing Address 120 Condor		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17266 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr. Mailing Address 5128 N. 10th	Date of Receipt 02 15 2012	
City Mcallen	State Zip Code TX 78504	72 15 2012 Transaction ID : SA11AI.17048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Luis Delgado Jr.		Date of Receipt
Mailing Address 5128 N. 10th	Charles	03 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17267 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
SUBTOTAL of Receipts This Page (optional)		550.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Alberto Duran Mailing Address 1615 Palazzo		Date of Receipt
City mission	State Zip Code TX 78572	01 18 2012 Transaction ID : SA11AI.16831 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.17050 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	- contribution -
Full Name (Last, First, Middle Initial) Alberto Duran Mailing Address 1615 Palazzo City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17269
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Antonio Esparza Mailing Address 136 W. Yucca		Date of Receipt
City mcallent FEC ID number of contributing	State Zip Code TX 78504	Transaction ID: SA11AI.16834 Amount of Each Receipt this Period 250.00 contribution
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City	State Zip Code	Date of Receipt 02 15 2012 Transaction ID: SA11AL 17053
mcallent FEC ID number of contributing federal political committee. Name of Employer	TX 78504 C Occupation	Transaction ID : SA11AI.17053 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Antonio Esparza Mailing Address 136 W. Yucca City State Zip Code		Date of Receipt M = M
mcallent FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Maria Elena Falcon Mailing Address 2212 Westway		Date of Receipt
City mcallen	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Maria Elena Falcon		Date of Receipt
Mailing Address 2212 Westway		03 / 16 / Y = Y = Y = Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17273 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Alberto Felici		Date of Receipt
Mailing Address 2309 W. Greenbriar Squa		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17274
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Marco Flores	·	Date of Receipt
Mailing Address 320 Primrose		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16837
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marco Flores	•	Date of Receipt
Mailing Address 320 Primrose		02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17056
FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optiona	l) >	600.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Marco Flores Mailing Address 320 Primrose		Date of Receipt
City mcallen	State Zip Code TX 78504	03 16 2012 Transaction ID : SA11AI.17276 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt O1 18 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16840 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) Eugenio Galindo Mailing Address 5936 N. Cynthia City	State Zip Code	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17059
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
SUBTOTAL of Receipts This Page (optional)	•	1050.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Lugenio Galindo Mailing Address 5936 N. Cynthia		Date of Receipt
City	State Zip Code	03 16 2012 Taylor 1D 2014 14 7770
mcallen	TX 78504	Transaction ID : SA11AI.17279 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Blvin Garcia Mailing Address 2800 Santa Teresa		Date of Receipt
City mission	State Zip Code TX 78572	01 18 2012 Transaction ID : SA11AI.16841
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Elvin Garcia		Date of Receipt
Mailing Address 2800 Santa Teresa		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17060 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		900.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Elvin Garcia Mailing Address 2800 Santa Teresa City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17280
mission FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Hiram Garcia Mailing Address 2712 E Mile 5 Road City Mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17061 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00
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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Hiram Garcia Date of Receipt Mailing Address 2712 E Mile 5 Road 03 2012 16 City State Zip Code Transaction ID: SA11AI.17281 TX Mission 78574 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Oscar Garcia Date of Receipt Mailing Address 1717 Palazzo 01 2012 18 City State Zip Code Transaction ID: SA11AI.16844 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Oscar Garcia Date of Receipt Mailing Address 1717 Palazzo 02 15 2012 City State Zip Code Transaction ID: SA11AI.17063 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	L PAC	
Full Name (Last, First, Middle Initial) Dr. Oscar Garcia Mailing Address 1717 Palazzo		Date of Receipt
		03 16 2012
City Mission	State Zip Code TX 78572	Transaction ID : SA11AI.17283
	17. 10012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) 3. Dr. Carlos Garcia-Cantu		Date of Receipt
Mailing Address 4121 N. 10th #240		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17064
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Dr. Carlos Garcia-Cantu		Date of Receipt
Mailing Address 4121 N. 10th #240		03 16 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.17284
Mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		800.00
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt
City Edinburg	State Zip Code TX 78539	01 18 2012 Transaction ID : SA11AI.16847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. James Garza Mailing Address 2821 Lakeshore Drive		Date of Receipt 02 15 2012
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.17066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Dr. James Garza		Date of Receipt
Mailing Address 2821 Lakeshore Drive		03 16 2012
City Edinburg	State Zip Code TX 78539	Transaction ID : SA11AI.17286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	. contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt
City mcallen	State Zip Code TX 78504	01 18 2012 Transaction ID : SA11AI.16848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Rene Garza Mailing Address 5404 N. 1st street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17067 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Mailing Address 5404 N. 1st street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing	State Zip Code TX 78504	Transaction ID : SA11AI.17287 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt
City Palmhurst	State Zip Code TX 78539	02 15 2012 Transaction ID : SA11AI.17068 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation self-employee physician Aggregate Year-to-Date ▼ 250.00	- CONTRIBUTION
Full Name (Last, First, Middle Initial) Dr. Ayda Garza-Montalvo Mailing Address 2311 Silvardo North		Date of Receipt 03 16 2012
City Palmhurst FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.17288 Amount of Each Receipt this Period 125.00
Name of Employer selfemployed Receipt For: Primary General	Occupation self-employee physician Aggregate Year-to-Date ▼ 375.00	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Lawrence Gelman Mailing Address 3900 Sundown Drive City	State Zip Code	Date of Receipt 01 18 2012
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	650.00
TOTAL This Period (last page this line number	r only)	

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Lawrence Gelman Date of Receipt Mailing Address 3900 Sundown Drive 2012 15 City State Zip Code Transaction ID: SA11AI.17069 TX 78503 mcallen Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lawrence Gelman Date of Receipt Mailing Address 3900 Sundown Drive 03 16 2012 City State Zip Code Transaction ID: SA11AI.17289 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Richard Gillett Date of Receipt Mailing Address 54 South 10th 03 16 2012 Zip Code City State Transaction ID: SA11AI.17291 TX McAllen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Alvaro Giraldo Mailing Address 106 W. Flamingo		Date of Receipt
City mcallen	State Zip Code TX 78504	03 16 2012 Transaction ID : SA11AI.17292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. Ada Gonzalez Mailing Address P.O. Box 9817		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City alamo FEC ID number of contributing federal political committee.	State Zip Code TX 78516	Transaction ID : SA11AI.17295 Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 225.00	- contribution
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago City	State Zip Code	Date of Receipt O1 18 2012 Transaction ID: SA11AI.16858
edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	contribution
SUBTOTAL of Receipts This Page (optional)	>	425.00
TOTAL This Period (last page this line number	· only)	

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

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt
City edinburg FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78539 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	02 15 2012 Transaction ID : SA11AI.17077 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) 3. Jaime Gonzalez Mailing Address 3511 Plazas del Lago		Date of Receipt 03 16 2012
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.17297 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 750.00	- contribution
Full Name (Last, First, Middle Initial) Juan Gonzalez-Dickson Mailing Address 1501 Meadwood City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
weslaco FEC ID number of contributing federal political committee. Name of Employer self-employed	TX 78596 C Occupation physician	Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numl	per only)	

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

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expation sician gregate Year-to-Date ▼ 500.00	O2 15 2012 Transaction ID : SA11AI.17078 Amount of Each Receipt this Period 250.00 contribution
expation sician gregate Year-to-Date ▼ 500.00	Transaction ID: SA11AI.17078 Amount of Each Receipt this Period 250.00 contribution
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750.00	
	Date of Receipt
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tate Zip Code	Transaction ID : SA11AI.16860
	Amount of Each Receipt this Period
	250.00
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gregate Year-to-Date ▼	
250.00	
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	eupation sician gregate Year-to-Date ▼ 750.00 tate Zip Code TX 78574 eupation sician gregate Year-to-Date ▼

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Verley Gordon Mailing Address 1700 E. Mile 3 Road		Date of Receipt
City mission	State Zip Code TX 78574	02 15 2012 Transaction ID : SA11AI.17079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Verley Gordon Mailing Address 1700 E. Mile 3 Road City	State Zip Code	Date of Receipt 03 16 2012
mission FEC ID number of contributing federal political committee.	TX 78574	Transaction ID : SA11AI.17299 Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- Continuent
Full Name (Last, First, Middle Initial) Enrique Griego Mailing Address 905 Inspiratin Drive City	State Zip Code	Date of Receipt O1 18 2012 Transaction ID: SA11Al.16861
pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	- contribution
SUBTOTAL of Receipts This Page (optional)	>	900.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	the name and address of any political committee t					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC					
Full Name (Last, First, Middle Initial) Enrique Griego		Date of Receipt				
Mailing Address 905 Inspiratin Drive		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.17080				
pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name (Last, First, Middle Initial) B. Enrique Griego Mailing Address 905 Inspiratin Drive		Date of Receipt				
maming macross and inspiratin Drive						
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17300				
pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00					
Full Name (Last, First, Middle Initial) Daniel Guerra		Date of Receipt				
Mailing Address 101 S. Broadway		01 18 2012				
City	State Zip Code	Transaction ID : SA11AI.16863				
Mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period				
		contribution				
Name of Employer	Occupation					
self-employed Receipt For:	physician Acceptate North Bate 7	-				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (ontional)	1050.00				
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt
City Mcallen	State Zip Code TX 78501	02 15 2012 Transaction ID : SA11AI.17082 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	100.00 contribution
self-employed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Daniel Guerra Mailing Address 101 S. Broadway		Date of Receipt 03 16 2012
City Mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17302 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 450.00	contribution
Full Name (Last, First, Middle Initial) John Guerra Mailing Address 3105 Forest Court City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17303
mission FEC ID number of contributing federal political committee.	TX 78572	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) A. Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16865
edinburg	TX 78541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Marcy Guerra Mailing Address 13337 Borolo Drive		Date of Receipt
City	State Zip Code	02 15 2012
edinburg	TX 78541	Transaction ID : SA11AI.17084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . Marcy Guerra		Date of Receipt
Mailing Address 13337 Borolo Drive		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17304
edinburg FEC ID number of contributing federal political committee.	TX 78541	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		750.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street		Date of Receipt
City weslaco	State Zip Code TX 78596	O1 18 2012 Transaction ID : SA11AI.16866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	201.99
Name of Employer selfemployed Receipt For:	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 201.99	
Full Name (Last, First, Middle Initial) Rodolfo Guerrero Mailing Address 1402 E. 8th Street		Date of Receipt
City weslaco	State Zip Code TX 78596	7
FEC ID number of contributing federal political committee.	C	212.62
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 414.61	
Full Name (Last, First, Middle Initial) Rodolfo Guerrero		Date of Receipt
Mailing Address 1402 E. 8th Street	0	03 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.17305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	212.62
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 627.23	- contribution
SUBTOTAL of Receipts This Page (optional)		627.23
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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin		Date of Receipt
City edinburg	State Zip Code TX 78539	01 18 2012 Transaction ID : SA11Al.16868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin	Choto Zin Onda	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78539	Transaction ID : SA11AI.17087 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Alberto Gutierrez Mailing Address 6020 Wisconsin City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11Al.17307
edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road		Date of Receipt
City edinburg	State Zip Code TX 78541	01 18 2012 Transaction ID : SA11AI.16869 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Coccupation	400.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road	Otata 7' O I	Date of Receipt 02 15 2012
City edinburg FEC ID number of contributing federal political committee.	State Zip Code TX 78541	Transaction ID : SA11AI.17088 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
Full Name (Last, First, Middle Initial) Marco Gutierrez Mailing Address 511 N. Depot Road City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17308
edinburg FEC ID number of contributing federal political committee.	TX 78541	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	O1 18 2012 Transaction ID : SA11AI.16870 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed	Occupation physician	250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Miguel Gutierrez Mailing Address 224 Lindberg		Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17089 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) Miguel Gutierrez Mailing Address 224 Lindberg City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17309
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
SUBTOTAL of Receipts This Page (optional)		750.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt
City mcallen	State Zip Code TX 78503	01 18 2012 Transaction ID : SA11AI.16873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South		Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78503	Transaction ID : SA11AI.17092 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
Full Name (Last, First, Middle Initial) Victor Haddad Mailing Address 4008 Burns Drive South City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17312
mcallen FEC ID number of contributing federal political committee.	TX 78503	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
SUBTOTAL of Receipts This Page (optional)	·····	1200.00
TOTAL This Period (last page this line number	only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Thomas Hausle Mailing Address 701 South J		Date of Receipt 03 16 2012
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17313 Amount of Each Receipt this Period 75.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 225.00	contribution
Full Name (Last, First, Middle Initial) Robert Helbing Mailing Address 820 Tamarack	State 7:- O-1-	Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17314 Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Pharr FEC ID number of contributing federal political committee.	TX 78577	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	425.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez Mailing Address 2000 Dana		Date of Receipt
City	State Zip Code	02 15 2012
City Pharr	State Zip Code TX 78577	Transaction ID : SA11AI.17097 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ambrosio Hernandez		Date of Receipt
Mailing Address 2000 Dana		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	03
Pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) C. Maximiliano Hernandez		Date of Receipt
Mailing Address 301 Byron Nelson Drive #40 Villas Jardin		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16879
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	I) >	750.00
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TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen	State Zip Code TX 78503	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Maximiliano Hernandez Mailing Address 301 Byron Nelson Drive #40 Villas Jardin City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician 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
Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 18 2012 Transaction ID: SA11AI.16880 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)	

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

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	and Statements may not be sold or used by any per ing the name and address of any political committee	
BORDER HEALTH FEDER	RAL PAC	
Full Name (Last, First, Middle Initial) A. Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17099
pharr	TX 78577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) B. Maria Hoffman		Date of Receipt
Mailing Address 802 Inspiration Road		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17319
pharr	TX 78577	Amount of Each Receipt this Period
FFC ID number of contributing		- American or East recorpt time i enea
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Teal-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) C. Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17100
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	Ayyreyale rear-lu-Dale ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optio	nal)	700.00
TOTAL This Period (last page this line no	umber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) A. Dr. Jacobo Hohenstein		Date of Receipt
Mailing Address 800 East Dove suite L		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17320
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate v	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) B. Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16883
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Vincent Honrubia		Date of Receipt
Mailing Address 204 Rio Grande		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17102
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
	number only)	700.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande		Date of Receipt			
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17322			
mission	TX 78572	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution			
selfemployed	physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
Full Name (Last, First, Middle Initial) 3. Dr. Syed Husain		Date of Receipt			
Mailing Address 7020 N. 1st		03 16 2012			
City	State Zip Code	Transaction ID : SA11AI.17323			
McAllen	TX 78504	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer	Occupation	contribution			
self-employee	physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias		Date of Receipt			
Mailing Address 712 S. Cage		01 18 _ 2012 _			
City	State Zip Code	Transaction ID : SA11AI.16885			
Pharr	TX 78577	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer	Occupation	contribution			
self-employed	physician				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	400.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	to some contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17104 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Norma Iglesias Mailing Address 712 S. Cage City Pharr FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78577 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17324 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street City mcAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt O1 18 2012 Transaction ID : SA11AI.16888 Amount of Each Receipt this Period 250.00 contributon
SUBTOTAL of Receipts This Page (optional)	·····	1050.00

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street		Date of Receipt
City mcAllen	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17107
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	- contributon
Full Name (Last, First, Middle Initial) Nelson Kalaf Mailing Address 5401 N. 8th Street	State Zin Code	Date of Receipt 03 16 2012
City mcAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17328 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contributon
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle City	State Zip Code	Date of Receipt O1 18 2012 Transaction ID: SA11AI.16889
rio grande city FEC ID number of contributing federal political committee.	TX 78582	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	. contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	02 15 2012 Transaction ID : SA11Al.17108
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Gauri Kanhere Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	03 16 2012
rio grande city	TX 78582	Transaction ID : SA11AI.17329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Cholam Kiani		Date of Receipt
Mailing Address 213 e. Xenops		01 18 2012
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16890 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	the name and address of any political committee to		
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC		
Full Name (Last, First, Middle Initial) A. Gholam Kiani	Date of Receipt		
Mailing Address 213 e. Xenops		02 15 2012	
City	State Zip Code	Transaction ID : SA11AI.17109	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) 3. Gholam Kiani		Date of Receipt	
Mailing Address 213 e. Xenops		03 16 2012	
City 	State Zip Code	Transaction ID : SA11AI.17330	
mcallen	TX 78504	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz		Date of Receipt	
Mailing Address 5111 N. 10th Street		01 18 2012	
City	State Zip Code TX 78504	Transaction ID : SA11AI.16891	
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (optional)	750.00	
TOTAL This Period (last page this line num	ber only)		

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or for commercial purposes, other than using	the name and address of any political committee			
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC			
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5111 N. 10th Street	Date of Receipt			
		02 15 2012		
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17110		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period		
Name of Employer selfemployed	Occupation physician	- contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) Mary Elizabeth Klenz Mailing Address 5444 N 40th Street	·	Date of Receipt		
Mailing Address 5111 N. 10th Street City mcallen	State Zip Code TX 78504	03 16 2012 Transaction ID : SA11AI.17331 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer selfemployed	Occupation physician	Continuation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			
Full Name (Last, First, Middle Initial) C. Jorge Kutugata		Date of Receipt		
Mailing Address Rt 2 Box 522-K		01 18 _ 2012 _		
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.16892 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer	Occupation	contribution		
selfemployed	physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)	750.00		
TOTAL This Period (last page this line num	ber only)			

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Jorge Kutugata Mailing Address Rt 2 Box 522-K		Date of Receipt
211		02 15 2012
City weslaco	State Zip Code TX 78596	Transaction ID : SA11AI.17112
	177 70030	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		
Jorge Kutugata Mailing Address Rt 2 Box 522-K		Date of Receipt 03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17332
weslaco	TX 78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dale Linebarger	<u>'</u>	Date of Receipt
Mailing Address 901 West 9th Street #405		01 18 2012
City austin	State Zip Code TX 78703	Transaction ID : SA11AI.16895
FEC ID number of contributing federal political committee.	C 76703	Amount of Each Receipt this Period 400.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (option	al)	900.00
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	ng the name and address of any political committee		
BORDER HEALTH FEDER	AL PAC		
Full Name (Last, First, Middle Initial) Dale Linebarger Mailing Address 901 West 9th Street #405	Date of Receipt 02 15 2012		
City	State Zip Code	Transaction ID : SA11AI.17115	
austin	TX 78703	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer	Occupation	contribution	
self-employed	private investor		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	800.00		
Full Name (Last, First, Middle Initial) Dale Linebarger	·	Date of Receipt	
Mailing Address 901 West 9th Street		M = M / D = D / Y = Y = Y	
#405 City	State Zip Code	03 16 2012	
austin	TX 78703	Transaction ID : SA11AI.17335 Amount of Each Receipt this Period	
_	. 5.100	Amount of Lacif neceipt this relied	
FEC ID number of contributing federal political committee.	C	400.00	
Name of Employer	Occupation	contribution	
self-employed	private investor	_	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		
Full Name (Last, First, Middle Initial) Julio Lopez		Date of Receipt	
Mailing Address 1311 6th E. Street		01 18 2012	
City	State Zip Code	Transaction ID : SA11AI.16898	
weslaco	TX 78596	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	contribution	
selfemployed	physician		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	250.00		
SUBTOTAL of Receipts This Page (option	al)	1050.00	
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	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Salil Mangi Mailing Address 2004 Sunday: Court Foot		Date of Receipt
Mailing Address 3801 Sundown Court East		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16901
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court East		02 15 _2012 _
City	State Zip Code	02 15 2012 Transaction ID : SA11AI.17120
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	pnysician Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Salil Mangi		Date of Receipt
Mailing Address 3801 Sundown Court East		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17340
mcallen	TX 78503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt O1 18 2012
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16902 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Carlos Manrique Mailing Address 116 Cardinal		Date of Receipt
City mcallen	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Carlos Manrique		Date of Receipt
Mailing Address 116 Cardinal	01.11	03 16 2012
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.17341 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) A. Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen	State Zip Code TX 78504	Date of Receipt 18 2012 Transaction ID : SA11AI.16903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C Occupation physician Aggregate Year-to-Date ▼ 400.00	400.00 contribution
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify) General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Agustin Martinez Mailing Address 7603 N. 2nd Lane City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17342 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1200.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC		
Primary General Other (specify) ▼		Date of Receipt 01 18 2012 Transaction ID : SA11AI.16904 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City State edinburg TX FEC ID number of contributing federal political committee. Name of Employer Selfemployed physician Receipt For: Primary General Other (specify) ▼ Aggregat		Date of Receipt 02 15 2012 Transaction ID : SA11AI.17123 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ricardo Martinez Mailing Address 1903 W. Smith City State TX FEC ID number of contributing federal political committee. Name of Employer Occupation physician Receipt For: Primary General Other (specify) Other (specify)		Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	•	750.00

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A or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Robert Martinez Date of Receipt Mailing Address 2809 Santa Lydia 03 2012 16 City State Zip Code Transaction ID: SA11AI.17344 TX Mission 78572 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Santos Martinez Date of Receipt Mailing Address 125 East Yucca 01 18 2012 City State Zip Code Transaction ID: SA11AI.16906 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Santos Martinez Date of Receipt Mailing Address 125 East Yucca 02 15 2012 Zip Code City State Transaction ID: SA11AI.17125 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Santos Martinez Mailing Address 125 East Yucca		Date of Receipt
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17345
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer self-employed	Occupation private investor	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Pedro McDougal Mailing Address 1516 Iris		Date of Receipt
Mailing Address 1516 Iris City mcallen	State Zip Code TX 78501	01 18 2012 Transaction ID : SA11AI.16908 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00 contribution
Name of Employer selfemployed	Occupation physician	Continuation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Pedro McDougal		Date of Receipt
Mailing Address 1516 Iris		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.17127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC	
Full Name (Last, First, Middle Initial) A. Pedro McDougal Mailing Address 1516 Iris		Date of Receipt
City	State Zip Code	03 16 2012
mcallen	TX 78501	Transaction ID : SA11AI.17347 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address 1300 1 1/2 Street		Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	01 18 2012 Transaction ID : SA11AI.16910 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For:	Occupation physician	400.00 contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Bertha Medina Mailing Address, 4000 4 4 /0 Ctrast		Date of Receipt
Mailing Address 1300 1 1/2 Street City mcallen	State Zip Code TX 78501	02 15 2012 Transaction ID : SA11AI.17129
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Bertha Medina Date of Receipt Mailing Address 1300 1 1/2 Street 03 2012 16 City State Zip Code Transaction ID: SA11AI.17349 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 01 18 2012 City State Zip Code Transaction ID: SA11AI.16911 TX McAllen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Carlos Mego Date of Receipt Mailing Address 602 McColl Circle 02 15 2012 City State Zip Code

Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

800.00

78501

TX

C

Occupation

Aggregate Year-to-Date ▼

physician

400.00

Transaction ID: SA11AI.17130

contribution

Amount of Each Receipt this Period

McAllen

FEC ID number of contributing

General

federal political committee.

Name of Employer

Primary

self-employed

Receipt For:

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Carlos Mego Mailing Address 602 McColl Circle City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 1200.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 18 2012 Transaction ID: SA11AI.16912 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana City mission FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78572 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt Mark Date 2012 2012 Transaction ID : SA11AI.17131 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional).	·····	900.00

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	g the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Manuel Mercado Mailing Address 3002 Santa Susana		Date of Receipt
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17351
mission FEC ID number of contributing fodoral political committee	TX 78572	Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼ Name of Employer Selfemployed Receipt For: General	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
Full Name (Last, First, Middle Initial) Scott Meyer Mailing Address 2100 School Lane		Date of Receipt
City Mission FEC ID number of contributing	State Zip Code TX 78572	03 16 2012 Transaction ID : SA11AI.17352 Amount of Each Receipt this Period 75.00
rederal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 225.00	contribution
Full Name (Last, First, Middle Initial) Dr. Emil Milano Mailing Address 225 E. Cornell City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17354 Amount of Each Receipt this Period 100.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	l) >	425.00
TOTAL This Period (last page this line num	ther only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Carlos N Mohamed Jr.		Date of Receipt
Mailing Address 2821 Michael Angelo		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17355
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	99.09410 .041 10 .0410 ¥	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada		Date of Receipt
Mailing Address 1421 North 2nd Street		01 18 _2012 _
City	State Zip Code	Transaction ID : SA11AI.16917
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Armando Moncada	I	Date of Receipt
Mailing Address 1421 North 2nd Street		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17136
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional	1)	900.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Dr. Armando Moncada Mailing Address 1421 North 2nd Street City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17356 Amount of Each Receipt this Period 400.00
Name of Employer self-employee Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	contribution
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane	Stata 7in Codo	Date of Receipt 01 18 2012
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78503 C Occupation physician	Transaction ID : SA11AI.16918 Amount of Each Receipt this Period 400.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane City	State Zip Code	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17137
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	C C C C C C C C C C C C C C C C C C C	Amount of Each Receipt this Period 400.00 contribution
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Carlos Morales Mailing Address 3325 Kent Lane		Date of Receipt 03 16 2012
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.17357 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt 01 18 2012
City mission	State Zip Code TX 78572	Transaction ID : SA11Al.16919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Leonel Moreno		Date of Receipt
Mailing Address 1608 Woods Drive	0)	02 15 2012
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	_ contribution
SUBTOTAL of Receipts This Page (optional)		900.00
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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Leonel Moreno Mailing Address 1608 Woods Drive		Date of Receipt 03 16 2012
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78572	Transaction ID : SA11AI.17358 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution
Full Name (Last, First, Middle Initial) Dr. Noel Olveira Mailing Address 9917 Bentsen Road City	State 7:2 Code	Date of Receipt 03 16 2012
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17361 Amount of Each Receipt this Period 100.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	Contribution
Full Name (Last, First, Middle Initial) Dr. Athanaji Orfanos Mailing Address 3013 Lakeshore Drive City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17362
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 100.00 contribution
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	>	450.00
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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Mr. Jose Ortega Mailing Address 2504 Xanthisma		Date of Receipt
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17363
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 100.00
Name of Employer self-employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 300.00	contribution
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.16925 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City	State Zip Code	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17144
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	the name and address of any political committee PAC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Armando Osio Mailing Address 600 Tulip City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17364 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Fernando Otero Mailing Address 121 E. Quamasia #148 City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17146 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	>	750.00

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Fernando Otero		Date of Receipt
Mailing Address 121 E. Quamasia#148		03 16 2012
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.17366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Kip Owen Mailing Address 2305 Red River		Date of Receipt
City mcallen	State Zip Code TX 78572	Transaction ID : SA11AI.17367 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Prakash Palimar	•	Date of Receipt
Mailing Address 121 Canary		01 18 2012
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		575.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	he name and address of any political committee	to solicit continuutions from such committee.
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID: SA11AI.17149 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Prakash Palimar Mailing Address 121 Canary	'	Date of Receipt
City mcallen FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 78504 C	03 16 2012 Transaction ID : SA11AI.17369 Amount of Each Receipt this Period 250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78552 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt O1 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		

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Dr. Jerry Pallares Mailing Address 24399 Dillworth Road City	State Zip Code	Date of Receipt M = M
Harlingen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General	TX 78552 C Occupation physician Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) 3. Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) ▼	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 18 2012 Transaction ID: SA11AI.16932 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero Mailing Address 2312 La Condesa City Edinburg FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78539 C Occupation physician Aggregate Year-to-Date ▼ 800.00	Date of Receipt 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 numbe	r only)	

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	ng the name and address of any political committee	
BORDER HEALTH FEDER	AL PAC	
Full Name (Last, First, Middle Initial) Dr. Guillermo Pechero		Date of Receipt
Mailing Address 2312 La Condesa		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17370
Edinburg	TX 78539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) 3. Eduardo Peguero		Date of Receipt
Mailing Address P.O.Box 5959		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17152
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self-employed	physcian	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Eduardo Peguero	1	Date of Receipt
Mailing Address P.O.Box 5959		M = M / D = D / Y = Y = Y
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17371
McAllen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
Self-employed	physcian	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
SUBTOTAL of Receipts This Page (option	al)	700.00
ODDITION THECEIPES THIS Page (OPHOTI	ωι,	7 7 7
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird		Date of Receipt
City mcallen	State Zip Code TX 78504	01 18 2012 Transaction ID : SA11AI.16935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	400.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Jose Pena Mailing Address 100 Bluebird		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID : SA11AI.17154 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	contribution
Full Name (Last, First, Middle Initial) Jose Pena Mailing Address 100 Bluebird City	State Zip Code	Date of Receipt 03 16 2012
mcallen FEC ID number of contributing federal political committee.	TX 78504	Transaction ID : SA11AI.17373 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	. contribution
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Juan Pena Mailing Address 905 S. Huisache Court	Date of Receipt	
City pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.16936 Amount of Each Receipt this Period
federal political committee. Name of Employer self-employed	Occupation private investor	400.00 contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) 3. Juan Pena Mailing Address 905 S. Huisache Court		Date of Receipt 02 15 2012
City pharr FEC ID number of contributing federal political committee.	State Zip Code TX 78577 C	Transaction ID : SA11AI.17155 Amount of Each Receipt this Period 400.00
Name of Employer self-employed Receipt For: Primary General	Occupation private investor Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial)	800.00	Date of Bassint
Mailing Address 905 S. Huisache Court		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City pharr FEC ID number of contributing	State Zip Code TX 78577	Transaction ID : SA11AI.17374 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer self-employed Receipt For:	Occupation private investor	contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)	>	1200.00
TOTAL This Period (last page this line number	· only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	_ PAC	
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia	Date of Receipt	
City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 300.00	Transaction ID: SA11AI.17156 Amount of Each Receipt this Period 150.00 contribution
Full Name (Last, First, Middle Initial) Dr. Nicholas Pereira Mailing Address 7005 North Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer self-employee	State Zip Code TX 78504 C Occupation physician	Date of Receipt M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 341.19	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)	>	474.97
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	- PAC	
Full Name (Last, First, Middle Initial) Dr. Florencia Perez Mailing Address 4600 Victoria	Date of Receipt	
City McAllen FEC ID number of contributing	State Zip Code TX 78503	03 16 2012 Transaction ID : SA11AI.17377 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	174.97 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	private investor Aggregate Year-to-Date ▼ 516.16	
Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking		Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17159 Amount of Each Receipt this Period 200.97
Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	contribution
Other (specify) ▼ Full Name (Last, First, Middle Initial) Claudia Pierson Mailing Address 6912 N. Peking	391.90	Date of Receipt
City mcallen FEC ID number of contributing	State Zip Code TX 78501	Transaction ID : SA11AI.17378 Amount of Each Receipt this Period
federal political committee. Name of Employer selfemployed Receipt For: Primary General	Occupation physician Aggregate Year-to-Date ▼	200.97 contribution
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number)	<u> </u>	576.91
TOTAL This Period (last page this line numb	or orny,	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt			
		01 18 2012			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16943			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify)	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution			
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird		Date of Receipt			
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17162 Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00	contribution			
Full Name (Last, First, Middle Initial) Sergio Preciado Mailing Address 521 E. Bluebird City	State Zip Code	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D			
mcallen FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	contribution			
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	only)				

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt			
	5. 2 .	01 18 2012			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.16944			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Sergio Ramirez Mailing Address 1608 Woods Drive		Date of Receipt			
City mission	State Zip Code TX 78572	02 15 2012 Transaction ID : SA11AI.17163 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00 contribution			
Name of Employer selfemployed	Occupation physician	oonanduuri			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Sergio Ramirez		Date of Receipt			
Mailing Address 1608 Woods Drive		03 16 2012			
City mission	State Zip Code TX 78572	Transaction ID : SA11AI.17382 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00				
SUBTOTAL of Receipts This Page (optional)		750.00			
TOTAL This Period (last page this line number	only)				

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Gustavo Ramos Mailing Address 1301 S. Perking	Date of Receipt	
City mcallen FEC ID number of contributing	State Zip Code TX 78501	O1 18 2012 Transaction ID : SA11AI.16945 Amount of Each Receipt this Period 400.00
federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking		Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78501	Transaction ID : SA11AI.17164 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 800.00	- contribution
Full Name (Last, First, Middle Initial) Gustavo Ramos Mailing Address 1301 S. Perking City	State Zip Code	Date of Receipt M = M / D = D / Y = Y = Y = Y 03
mcallen FEC ID number of contributing federal political committee.	TX 78501	Amount of Each Receipt this Period 400.00 contribution
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physicain Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL F	PAC				
Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive	Date of Receipt				
City	State Zip Code	02 15 2012 Transaction ID : SA11AI.17168			
weslaco	TX 78596	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	125.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) R.V. Reddy Mailing Address 1500 Southland Drive		Date of Receipt			
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17387			
weslaco FEC ID number of contributing federal political committee.	TX 78596	Amount of Each Receipt this Period 125.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00				
Full Name (Last, First, Middle Initial) William Restrepo		Date of Receipt			
Mailing Address 1117 S. Cynthia		01 18 2012			
City mcallen	State Zip Code TX 78504	Transaction ID : SA11AI.16951 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer selfemployed	Occupation physician	contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		500.00			
TOTAL This Period (last page this line number of	only)				

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia	State 7in Code	Date of Receipt 02 15 2012
City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Transaction ID : SA11AI.17170 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) William Restrepo Mailing Address 1117 S. Cynthia City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed	State Zip Code TX 78504 C Occupation physician	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17389 Amount of Each Receipt this Period 250.00 contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Homero Rivas Mailing Address 100 E. Houston City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 18 2012 Transaction ID: SA11AI.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 numbe	r only)	

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or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Homero Rivas						
Mailing Address 100 E. Houston		02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.17172				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation	- contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) Homero Rivas		Date of Receipt				
Mailing Address 100 E. Houston		03 16 2012 _				
City	State Zip Code	Transaction ID : SA11AI.17391				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	750.00					
Full Name (Last, First, Middle Initial) C. Benjamin Robalino		Date of Receipt				
Mailing Address 1217 S. Cynthia		01 18 2012				
City	State Zip Code	Transaction ID : SA11AI.16954				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer	Occupation	contribution				
selfemployed	physcian]				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	250.00					
SUBTOTAL of Receipts This Page (optional)		750.00				
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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Benjamin Robalino Date of Receipt Mailing Address 1217 S. Cynthia 15 2012 City State Zip Code Transaction ID: SA11AI.17173 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physcian Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Benjamin Robalino Date of Receipt Mailing Address 1217 S. Cynthia 03 16 2012 City State Zip Code Transaction ID: SA11AI.17392 TX mcallen 78501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physcian Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paulette Saca Date of Receipt Mailing Address 109 Condor 03 16 2012 City State Zip Code Transaction ID: SA11AI.17394 TX mcallen 78504 Amount of Each Receipt this Period FEC ID number of contributing 75.00 С federal political committee. contribution Name of Employer Occupation self-employed private investor Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 575.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL		
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive		Date of Receipt
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.16957 Amount of Each Receipt this Period 400.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	contribution
Full Name (Last, First, Middle Initial) 3. Javier Saenz Mailing Address 2308 Monaco Drive	State 7'm Code	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City mission FEC ID number of contributing federal political committee.	State Zip Code TX 78574	Transaction ID : SA11AI.17176 Amount of Each Receipt this Period 400.00 contribution
Name of Employer selfemployed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Javier Saenz Mailing Address 2308 Monaco Drive City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17395
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78574	Amount of Each Receipt this Period 400.00 contribution
selfemployed Receipt For: Primary Other (specify)	physician Aggregate Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	· only)	

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	×	11a 13	11l 14	b	11c 15	12 16	17
Any information copied from such Reports and Statements may for commercial purposes other than union the name and a	, , , ,					_		

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square 2012 18 City State Zip Code Transaction ID: SA11AI.16958 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square 02 15 2012 City State Zip Code Transaction ID: SA11AI.17177 TX 78503 mcallen Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. JJ Saenz Date of Receipt Mailing Address 2400 S.E. Augusta Square M = M / 03 16 2012 Zip Code City State Transaction ID: SA11AI.17396 TX mcallen 78503 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation selfemployed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 400.00	Date of Receipt O1 18 2012 Transaction ID: SA11AI.16959 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17178 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Larry Safir Mailing Address 3300 S. 2nd suite 10 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary Other (specify) General	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17397 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line num	ber only)	

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt
City McAllen	State Zip Code TX 78504	01 18 2012 Transaction ID : SA11AI.16960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Juan Salazar Mailing Address 801 E Nolana Loop		Date of Receipt
City McAllen	State Zip Code TX 78504	02 15 2012 Transaction ID : SA11AI.17179 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Juan Salazar		Date of Receipt
Mailing Address 801 E Nolana Loop	01.11	03 16 2012
City McAllen	State Zip Code TX 78504	Transaction ID : SA11AI.17398 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 750.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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	s and Statements may not be sold or used by any persing the name and address of any political committee t	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDE	RAL PAC	
Full Name (Last, First, Middle Initial) Elisa Garza Sanchez Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M
Mailing Address 3509 N. Glasscock City Mission FEC ID number of contributing federal political committee. Name of Employer Self employed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78574 C Occupation physician Aggregate Year-to-Date ▼ 375.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (opti	onal)	500.00
TOTAL This Period (last page this line i	number only)	

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	Statements may not be sold or used by any personal properties and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Mr. Victor Sanchez Mailing Address P.O. Box 1868		Date of Receipt 02 15 2012
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.17181 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 500.00	contribution
Full Name (Last, First, Middle Initial) 3. Mr. Victor Sanchez		Date of Receipt
Mailing Address P.O. Box 1868 City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	State Zip Code TX 78503 C Occupation private investor Aggregate Year-to-Date ▼ 750.00	03 16 2012 Transaction ID: SA11AI.17400 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556 City	State Zip Code	Date of Receipt M
mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	TX 78502 C Occupation physician Aggregate Year-to-Date ▼ 250.00	Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number	only)	

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt 02 15 2012
City mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.17184 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution
selfemployed Receipt For: Primary General Other (specify) ▼	physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Michael Seiba Mailing Address P. O. Box 4556		Date of Receipt 03 16 2012
City mcallen FEC ID number of contributing	State Zip Code TX 78502	Transaction ID : SA11AI.17403 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Samuel Serna Mailing Address 125 E. Cornell		Date of Receipt
City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	03 16 2012 Transaction ID : SA11AI.17404 Amount of Each Receipt this Period 100.00
Name of Employer self-employee Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 300.00	contribution
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

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ı						PAGE	: 1	11 OF		147
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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.16967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib Mailing Address 4000 Burns Drive		Date of Receipt 02 15 2012
City mcallen	State Zip Code TX 78503	Transaction ID : SA11Al.17186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Tawhid Shuaib		Date of Receipt
Mailing Address 4000 Burns Drive	0	03 16 2012
City mcallen	State Zip Code TX 78503	Transaction ID : SA11AI.17405 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer selfemployed Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 1200.00	- contribution
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	er only)	

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	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Joel Solis Mailing Address 405 E. Avocet		Date of Receipt
City	State Zip Code	02 15 2012 Transaction ID : SA11Al.17189
Mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	122.60
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 239.07	
Full Name (Last, First, Middle Initial) Joel Solis		Date of Receipt
Mailing Address 405 E. Avocet		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17408
Mcallen F50 ID washing of analytication	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	122.60
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 361.67	
Full Name (Last, First, Middle Initial) Dr. Hector Soto		Date of Receipt
Mailing Address 101 South Greenbriar		01 18 2012
City McAllen	State Zip Code TX 78502	Transaction ID : SA11AI.16971 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	contribution
self-employee	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		645.20
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZ

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) Dr. Hector Soto Date of Receipt Mailing Address 101 South Greenbrian 2012 15 City State Zip Code Transaction ID: SA11AI.17190 TX McAllen 78502 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Hector Soto Date of Receipt Mailing Address 101 South Greenbriar 03 16 2012 City State Zip Code Transaction ID: SA11AI.17409 McAllen TX 78502 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. contribution Name of Employer Occupation self-employee physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Alejandro Tey Date of Receipt Mailing Address 3012 Laurie Lane M M / 01 18 2012 Zip Code City State Transaction ID: SA11AI.16974 TX Edinburg 78539 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. contribution Name of Employer Occupation Self employed physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) A. Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt
City Edinburg	State Zip Code TX 78539	7
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self employed Receipt For:	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Alejandro Tey Mailing Address 3012 Laurie Lane		Date of Receipt 03 16 2012
City Edinburg	State Zip Code TX 78539	03 16 2012 Transaction ID : SA11AI.17412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self employed Receipt For:	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway	01.11	01 18 2012
City mcallen	State Zip Code TX 78501	Transaction ID : SA11AI.16975 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer self-employed Receipt For: Primary General Other (specify) ▼	Occupation private investor Aggregate Year-to-Date ▼ 250.00	- contribution
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) A. Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		02 15 2012
City	State Zip Code	Transaction ID : SA11AI.17194
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Jose Trejo		Date of Receipt
Mailing Address 112 S. Broadway		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17413
mcallen	TX 78501	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Dr. Krishna Turlapati	·	Date of Receipt
Mailing Address 9123 1st Street		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17415
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	l) >	600.00
TOTAL This Period (last page this line num	ber only)	

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or for commercial purposes, other than using	nd Statements may not be sold or used by any peg the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		01 18 2012
City	State Zip Code	Transaction ID : SA11AI.16978
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General	riggiogato Teat-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		M = M / D = D / Y = Y = Y
City	Stato 7in Codo	02 15 2012
City	State Zip Code TX 78504	Transaction ID : SA11AI.17197
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Susan Turley		Date of Receipt
Mailing Address 312 Thunderbird		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17416
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional	ll)	750.00
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using th	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL						
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive	Marcel Twahirwa					
City mission FEC ID number of contributing	State Zip Code TX 78572	Transaction ID : SA11AI.16979 Amount of Each Receipt this Period 250.00				
federal political committee. Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution				
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City	State Zip Code	Date of Receipt 02 15 2012				
mission FEC ID number of contributing federal political committee.	TX 78572	Transaction ID : SA11AI.17198 Amount of Each Receipt this Period 250.00 contribution				
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) Marcel Twahirwa Mailing Address 2403 El Encino Drive City	State Zip Code	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17417				
mission FEC ID number of contributing federal political committee. Name of Employer	TX 78572	Amount of Each Receipt this Period 250.00 contribution				
selfemployed Receipt For: Primary Other (specify)	occupation physician Aggregate Year-to-Date ▼ 750.00					
SUBTOTAL of Receipts This Page (optional)	>	750.00				
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) Dr. Theresa Valladares Mailing Address, 2202 Rod Biver Drive		Date of Receipt
Mailing Address 2302 Red River Drive City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17418
Mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Jose Vasquez	•	Date of Receipt
Mailing Address 2548 Palm Circle	7: 0:4:	01 18 2012
City rio grande city	State Zip Code TX 78582	Transaction ID : SA11AI.16981
FEC ID number of contributing federal political committee.	C 76362	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	- contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jose Vasquez		Date of Receipt
Mailing Address 2548 Palm Circle		02 15 2012
City	State Zip Code TX 78582	Transaction ID : SA11AI.17200
rio grande city FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer selfemployed	Occupation physician	contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line numl	per only)	

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	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial) Jose Vasquez Mailing Address 2548 Palm Circle		Date of Receipt
City	State Zip Code	03 16 2012 Transaction ID : SA11Al.17419
rio grande city	TX 78582	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B		Date of Receipt
City	State Zip Code	01 18 2012
McAllen	TX 78503	Transaction ID : SA11AI.16982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela		Date of Receipt
Mailing Address 100 E. Ridge Road #B		02 15 2012
City McAllen	State Zip Code TX 78503	Transaction ID : SA11AI.17201 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 120 OF 147 Use separate schedule(s) for each category of the Detailed Summary Page

(c	(check only one)									
1	~			1		١		١		
	<u> </u>	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dr. Efraim Vela Mailing Address 100 E. Ridge Road #B City McAllen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78503 C Occupation physician Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17420 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 01 18 2012 Transaction ID : SA11AI.16984 Amount of Each Receipt this Period 400.00 contribution
Full Name (Last, First, Middle Initial) Ramiro Verdoreen Mailing Address 301 E. Newport City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78501 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17202 Amount of Each Receipt this Period 400.00 contribution
SUBTOTAL of Receipts This Page (optional)	· 	1050.00

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

FOR LINE NUMBER:						PAGE	1	21	OF	147
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full)	DAG					
BORDER HEALTH FEDERAL	PAC					
Full Name (Last, First, Middle Initial) Ramiro Verdoreen						
Mailing Address 301 E. Newport		03 16 2012				
City	State Zip Code	Transaction ID : SA11AI.17421				
mcallen	TX 78501	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	riggiogate roal to bate v					
Other (specify) ▼	1200.00					
Full Name (Last, First, Middle Initial) Carlos Villalta		Date of Receipt				
Mailing Address P. O. Box 1632		02 15 2012 _				
City	State Zip Code	Transaction ID : SA11AI.17203				
mission	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	125.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address P. O. Box 1632		03 16 2012				
City	State Zip Code	Transaction ID : SA11AI.17422				
mission	TX 78573	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	125.00				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
·						
Primary General Other (specify) ▼	375.00					
Primary General		650.00				

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

FOR LINE	NUMBER	: PAGE	122 OF	147	
(check only one)					
X 11a	11b	11c	12		
13	14	15	16	17	

	the name and address of any political committee to					
NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERAL	_ PAC					
Full Name (Last, First, Middle Initial) A. Rita Villanueva		Date of Receipt				
Mailing Address 801 E. Nolana Suite 4		02 15 2012				
City	State Zip Code	Transaction ID : SA11AI.17204				
mcallen	TX 78504	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	122.91				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼]				
Primary General Other (specify) ▼	239.68					
Full Name (Last, First, Middle Initial) 3. Rita Villanueva		Date of Receipt				
Mailing Address 801 E. Nolana						
Suite 4	State Zip Code	03 16 2012				
City mcallen	TX 78504	Transaction ID: SA11AI.17423				
	70304	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	122.91				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	362.59					
Full Name (Last, First, Middle Initial) C. Victor Villarreal		Date of Receipt				
Mailing Address 901 W. Moore		03 16 2012				
City	State Zip Code	Transaction ID : SA11AI.17424				
pharr	TX 78577	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.49				
Name of Employer	Occupation	contribution				
selfemployed	physician					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	296.44					
SUBTOTAL of Receipts This Page (optional)	•	346.31				
TOTAL This Period (last page this line numb	er only)					

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

FOR LINE	NUMBER	NUMBER: PAGE 123 OF 14							
(check only one)									
X 11a	11b	11c	12						
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL I	PAC	
Full Name (Last, First, Middle Initial) Roger Vitko Mailing Address 1017 south 1st		Date of Receipt
City	State Zip Code	02 15 2012 Transportion ID : \$444.4 47206
mcallen	State Zip Code TX 78502	Transaction ID : SA11AI.17206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed Receipt For:	physician	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Roger Vitko	Date of Receipt	
Mailing Address 1017 south 1st	03 16 2012	
City	State Zip Code	Transaction ID : SA11AI.17425
mcallen	TX 78502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	contribution
self-employed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Raymond Walker		Date of Receipt
Mailing Address 1117 Shallow		01 18 2012
apt 4 City	State Zip Code	Transaction ID : SA11AI.16989
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	only)	

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

				:	PAGE	1	24 OF		147
FOR LINE NUMBER: PAGE 124 OF 147 (check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERAL	. PAC	
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Raymond Walker Mailing Address 1117 Shallow apt 4 City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 750.00	Date of Receipt 03 16 2012 Transaction ID : SA11AI.17426 Amount of Each Receipt this Period 250.00 contribution
Full Name (Last, First, Middle Initial) James Webb Mailing Address 312 Redbud City mcallen FEC ID number of contributing federal political committee. Name of Employer self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation private investor Aggregate Year-to-Date ▼ 216.58	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	611.07
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 125 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

NAME OF COMMITTEE (IN FUII) BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) James Webb Mailing Address, 212 Radbud		Date of Receipt
Mailing Address 312 Redbud		03 16 2012
City	State Zip Code	Transaction ID : SA11AI.17427
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	111.07
Name of Employer	Occupation	contribution
self-employed	private investor	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	327.65	
Full Name (Last, First, Middle Initial) Patrick Wilcox	'	Date of Receipt
Mailing Address 111 Rio Grande		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17428
mission	TX 78572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Data of Bassist
Subbarrao Yarra Mailing Address 6905		Date of Receipt
N. Cynthia		02 15 _2012 _
City N. Cyriuna	State Zip Code	Transaction ID : SA11AI.17210
McAllen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	_ contribution
Self-employed	physician	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	400.00	
		411.07

FOR LINE NUMBER: PAGE 126 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c Detailed Summary Page 13 14 15

12

16

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) BORDER HEALTH FEDERA	L PAC	
Full Name (Last, First, Middle Initial) A. Subbarrao Yarra Mailing Address 6905 N. Cynthia City McAllen FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt 03 16 2012 Transaction ID: SA11AI.17429 Amount of Each Receipt this Period 200.00 contribution
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st		Date of Receipt
City mcallen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	O1 18 2012 Transaction ID : SA11AI.16993 Amount of Each Receipt this Period 250.00
Name of Employer selfemployed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 250.00	contribution
Full Name (Last, First, Middle Initial) Dr. Christopher Zaleski Mailing Address 6804 N. 1st City mcallen FEC ID number of contributing federal political committee. Name of Employer selfemployed Receipt For: Primary General Other (specify)	State Zip Code TX 78504 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 02 15 2012 Transaction ID : SA11AI.17211 Amount of Each Receipt this Period 250.00 contribution
SUBTOTAL of Receipts This Page (optional) >	700.00
TOTAL This Period (last page this line num	ber only)	

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

	_		_		PAGE	1	27 OF		147	
FOR LINE NUMBER: PAGE 127 OF 147 (check only one) X 11a										
	×	11a		11b		11c		12		
		13		14		15		16		17

	g the name and address of any political committee to	
BORDER HEALTH FEDERA	AL PAC	
Full Name (Last, First, Middle Initial) Or. Christopher Zaleski		Date of Receipt
Mailing Address 6804 N. 1st		03 16 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.17430
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	- contribution
selfemployed	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) 3. Hugo Zapata	'	Date of Receipt
Mailing Address 316 Xenops		01 18 _2012 _
City	State Zip Code	Transaction ID : SA11AI.16994
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Hugo Zapata		Date of Receipt
Mailing Address 316 Xenops		02 15 2012 _
City	State Zip Code	Transaction ID : SA11AI.17212
mcallen	TX 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	contribution
selfemployed	physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	800.00	
	7	
SUBTOTAL of Receipts This Page (optional	1)	1050.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 128 OF Use separate schedule(s) for each category of the (check only one) **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

NAME OF COMMITTEE (In Full)	he name and address of any political committee	to solicit contributions from such committee.		
BORDER HEALTH FEDERAL	. PAC			
Full Name (Last, First, Middle Initial) Hugo Zapata Mailing Address 316 Xenops	Hugo Zapata			
City	State Zip Code	03 16 2012 Transaction ID : SA11Al.17431		
mcallen	TX 78504	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	400.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00			
Full Name (Last, First, Middle Initial) Dr. Fuad Zayed Mailing Address 1425 Sweet Lane		Date of Receipt		
Mailing Address 1425 Sweet Lane City	State Zip Code	03 16 2012 Transaction ID : SA11AI.17433		
Edinburg FEC ID number of contributing federal political committee.	TX 78539	Amount of Each Receipt this Period 75.00		
Name of Employer selfemployed	Occupation physician	contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		Mam / Dab / Yayayay		
City	State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	The same of the sa		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)		475.00		
TOTAL This Period (last page this line number		96481.08		

S 17

CHEDULE A (FEC Form 3	SX)	separate schedule(s)	FOR LINE NUMBER: PAGE 129 OF 147 (check only one)								
TEMIZED RECEIPTS		ach category of the									
	Detai	led Summary Page	11a 11b 11c 12								
			13 14 15 X 16 17								
r for commercial purposes, other than usi	and Statements may not be ng the name and address of	e sold or used by any post any political committed	person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	A										
BORDER HEALTH FEDER	AL PAC										
Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC S	TATE COMMITTEE		Date of Receipt								
Mailing Address 196 WEST STATE STR	EET		01 18 2012								
City	State Zip	Code	Transaction ID : SA16.17500								
TRENTON	NJ 086	508	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C C00104471		5000.00								
Name of Employer	Occupation		refund of contribution on 01.03.2012 - clear chk								
Receipt For: 2012 Primary General	Aggregate Year-to-	Date ▼									
Other (specify)		5000.00									
Full Name (Last, First, Middle Initial)			Date of Receipt								
Mailing Address		M = M / D = D / Y = Y = Y									
City	State Zip	Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		Threath of East Freedy, the Forest								
Name of Employer	Occupation										
Receipt For:	Aggregate Year-to-	 Date ▼	_								
Primary General	Aggregate real to	Jule V	1								
Other (specify) ▼	1										
Full Name (Last, First, Middle Initial)			Date of Descript								
Mailing Address			Date of Receipt								
-			_								
City	State Zip	Code	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C										
Name of Employer	Occupation										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-										
SUBTOTAL of Receipts This Page (option			5000.00								

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

5000.00

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 130 OF 147												
	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I	_		ly one)									
• •		for each category of the Detailed Summary Page	`	X	21b	22		23		24	2	25	26		
		Detailed Summary Page		Н	27	28a		28b		28c	29	9	30b		
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	for commercial purposes, other than using the nan														
\setminus	NAME OF COMMITTEE (In Full)			_											
$ \rangle$	BORDER HEALTH FEDERAL PAG	C													
\angle															
	Full Name (Last, First, Middle Initial)				T		, -								
A.	Ms Eliza Alvardo					Date of Disbursement									
	Mailing Address 4202 W Kind #4				-	M = 01	M /		D	/ Y	2013		1		
	Mailing Address 1303 W. Kiwi #4					01	-	U)4		2012		-		
	City	State Zip Code			$\overline{}$										
	Pharr	TX 78577				Trar	isaci	tion ID) : S	B21B.	17437				
	Purpose of Disbursement			-	\neg										
	contract services - salary expenditure		0	01		Amou	nt of	Each	Dis	burser	ment th	is Pe	riod		
	Candidate Name			egor	y/						5	305.9	7		
	Office Cought:		T	ype			-	7		- 7	J.				
	Office Sought: House Disburser Senate	ment For: Primary General													
	President	Other (specify)													
	State: District:	Carior (opooliy) ▼													
_	Full Name (Last, First, Middle Initial)				+										
В.						Date	of Di	isburse	eme	nt					
	mo Enza / marao					M			D	/ Y	Y	YY	-		
	Mailing Address 1303 W. Kiwi #4					01	- 1		17		2012				
		State Zip Code				Trai	nsac	tion ID) : S	B21B.	17440				
	Pharr Purpose of Disbursement	TX 78577													
	contract services - salary expenditure		(001 Amount of Each Di					Dis	Disbursement this Period					
	Candidate Name			_			01			551					
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	Office Sought: House Disburser	ment For:		•	$\overline{}$										
	Senate	Primary General													
	President	Other (specify) ▼													
	State: District:														
	Full Name (Last, First, Middle Initial)														
C.	Ms Eliza Alvardo					Date	of D	isburse	eme	nt					
	Mailian Address 1000 W 17 1 17				-	M 01	_		D	/ Y	2012		1		
	Mailing Address 1303 W. Kiwi #4					01	_	3	30		2012		4		
	City	State Zip Code			$\overline{}$			_							
	Pharr	TX 78577				Trai	nsac	tion ID) : S	B21B.	17444				
	Purpose of Disbursement			-											
	contract services - salary expenditure		0	01		Amou	nt of	f Each	Dis	burser	ment th	is Pe	riod		
	Candidate Name			egor	y/		_	-		_	5.0	006.9	4		
	0/6		T	ype				7		- 7	50	500.9	-		
		ment For:													
	Senate	Primary General													
	State: President State:	Other (specify) ▼													
	otato. District.														
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Ľ	SUBTOTAL of Disbursements This Page (optional)		•••••		_		-	7		- 1			#		
۱,	OTAL This Period (last page this line number only))				1 '						-			

S	CHEDULE B (FEC Form 3X)	l		FOR LIN	E NUMBE	R:		PA	AGE 13	1 0	F 147
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check or	nly one)	_	٦			_	
			Summary Page	X 211		,	23 28b	24 28c	2		26 30b
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	ny information copied from such Reports and Statem for commercial purposes, other than using the nam										
\setminus	NAME OF COMMITTEE (In Full)		<u> </u>								
$ \rangle$	BORDER HEALTH FEDERAL PAC										
\angle	Full Name (Lost First Middle Initial)										
Α.	Full Name (Last, First, Middle Initial) Ms Eliza Alvardo				Date	of Di	isburse	ement			
					M		D		Y Y	Υ	Υ
	Mailing Address 1303 W. Kiwi #4				0:	2	1	4	2012	2	
	City	State	Zip Code								
	Pharr	TX	78577		Tra	nsact	ion ID	: SB21E	3.17447		
	Purpose of Disbursement										
	contract services - salary expenditures			001	Amo	unt of	Each	Disburse	ement th	nis P	eriod
	Candidate Name			Category/					5	006.	93
	Office Sought: House Disbursen	nent For:		Type		_	7	7		-	
		Primary	General								
		Other (spe	cify) ▼								
_	State: District:										
P	Full Name (Last, First, Middle Initial)				Data	of D	isburse	mont			
٥.	Ms Eliza Alvardo				Date		ISDUISE		Y	V = \	V
	Mailing Address 1303 W. Kiwi #4				O			27	201		
	City S Pharr	State TX	Zip Code 78577		Tra	nsac	tion ID	: SB21E	3.17452		
	Purpose of Disbursement	1/1	10011								
	contract services - salary expenditure			001	Amo	unt of	Each	Disburse	ement th	nis P	eriod
	Candidate Name			Category/			-		5	5006.	95
	Office Sought: House Disbursen	nent Ecr		Туре		_	7	7		330.	
		nent For: Primary	General								
		Other (spe									
_	State: District:		•								
_	Full Name (Last, First, Middle Initial)										
C.	Ms Eliza Alvardo						isburse				
	Mailing Address 1303 W. Kiwi #4				O2		2		2012		Y
	•	State	Zip Code		Tra	nsac	tion ID	: SB21E	3.17479		
	Pharr Purpose of Disbursement	TX	78577		_						
	phone/IT services			001	Amo	unt of	Each	Disburse	ement th	nis P	eriod
	Candidate Name			Category/	7	01		a	-	-	
	0//			Туре	_		7			414.	13
	Office Sought: House Disbursen Senate		General								
		Primary Other (spe									
	State: District:	(0,00	<i>37</i> ▼								
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S	CHEDULE B (FEC Form 3X)			OR I	I INIE N	NUMBE	R.			PAC	GE 132	OF	147
	EMIZED DISBURSEMENTS	Use separate schedule(s	\ I	_	LINE I' ∢only	_	11.						
• •		for each category of the Detailed Summary Page	`	X	21b			23		24	25	Г	26
		Detailed Suffilliary Page		Н	27	288	ı	28b	Н	28c	29		30b
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	for commercial purposes, other than using the nar												
\setminus	NAME OF COMMITTEE (In Full)												
$ \rangle$	BORDER HEALTH FEDERAL PAGE	C											
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_	Full Name (Last, First, Middle Initial)												
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	Mailing Address 1601 N. 7th				03	1	3		2012	Y
	City	State Zip Cod	de							
	McAllen	TX 78501			Trans	action ID	: SB2	21B.174	∤86	
	Purpose of Disbursement rental of chairs, tables, linen			003	Amount	of Each	Disbu	ırsemer	nt this F	Period
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C.	Digitial Office Supplies				Date of	Disburse	ment			
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A.	Ms Sandra Escamilla					Date of	t Dis	burse	ment				
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	contract services - salary expenditure			001		Amoun	t of	Each	Dish	urseme	nt this	Perio	od
	Candidate Name						. 01			551116		. 5110	
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	Mailing Address 1418 Quince					02		10	J		2012		
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A.	Ms Sandra Escamilla					Date o	t Dis	sburse	ment				
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A. Internal Revenue Services			M M /	sbursemen	(Y Y Y	Y	-
Mailing Address 324 25th Street			01	03	201		
	tate Zip Code		Transact	ion ID · SB	21B.17436		
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b. Internal Revenue Services			M M /	D D	/	V V	-
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,	tate Zip Code		Transact	ion ID : SB	321B.17443		
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	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. Internal Revenue Services				sbursemen			
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City	tate Zip Code		Transact	ion ID : CD	21B.17451		
	UT 84401		Transact	יטו ווטו: 36	216.17431		
Purpose of Disbursement quarterly tax deposit - IRS		001	A	Cook Diok	ursement th	.:- D-:	اد داد
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О.	Ms Prisylla Jasso					Date of	_				
	Mailing Address 213 Quail Court					01	/ D	13	/ Y	2012	Y
	City	itate Zij	o Code			T			DO4D 45		
	McAllen		3502			irans	action	: טו	SB21B.17	439	
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				Type			7	-	7	1000	5.00
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		Primary Other (specify)	General								
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_	Full Name (Last, First, Middle Initial)										
C.	Ms Prisylla Jasso					Date of	Disbur	seme	ent		
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\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	BORDER HEALTH FEDERAL PAG											
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	Full Name (Last, First, Middle Initial)											
A.	Ms Prisylla Jasso				Date of	Dist	ourse	ment				
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	Mailing Address 213 Quail Court				02		Ī	,	-	2012	_	
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	contract services - salary expenditure			001	Amount	t of E	ach	Disbu	rsemei	nt this	Period	
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В.	Ms Prisylla Jasso				Date of	Disb	ourse	ment				
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	Mailing Address 213 Quail Court				02		24			2012		
	,	State	Zip Code		Trans	actio	n ID	: SB2	1B.17	449		
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	contract services - salary expenditure			001	Amount	t of ⊏	ach	Dishu	rseme	nt thic	Period	
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Α.	Full Name (Last, First, Middle Initial) Ms Prisylla Jasso				Date o	f Disburs	ement							
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	Purpose of Disbursement													
	contract services - salary expenditures			001	Amoun	t of Each	Disburse	ment this	Period					
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Б.	Peppers					f Disburs								
	Mailing Address 4620 North 10th Street				03		21 / Y	2012	Y					
		State	Zip Code		Trans	saction II) : SB21B.	17494						
	McAllen Purpose of Disbursement	TX	78504											
	luncheon meeting			001	Amoun	t of Each	Disburse	ment this	Period					
	Candidate Name			Category/				40	0.74					
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	Office Sought: House Disbursen Senate		Conoral											
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	Mailing Address 607 Fourteenth Street N.W.				UI	ئا ل	24	2012						
	,	State	Zip Code		Trans	saction II) : SB21B.	17/60						
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\setminus	NAME OF COMMITTEE (In Full)											
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	Mailing Address P.O. Box 8077				02		29	9		2012		
	City	Stato	Zin Codo									
	City S London		Zip Code 40742		Trans	actio	n ID	: SB2	1B.17	481		
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	phone service expenditure			001	Amount	t of E	Each	Disbui	rsemei	nt this	Period	
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				Category/ Type					7	23	8.73	
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		Primary	General									
	President	Other (specify	y) \									
_	State: District:											
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	•		Zip Code		Trans	actio	on ID	: SB2	1B.17	482		
	McAllen Purpose of Disbursement	TX	78504									
	office lease expenditure			001	Amount	of F	ach	Dishu	rseme	nt thic	Period	
	Candidate Name				,	. 01 L	_		30,1101		. 0.100	ï
				Category/ Type					m	133	1.25	
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		Primary	General									
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		Primary	General									
	President	Other (specify										
	State: District:	Julia (opooli)	, , ▼									
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 142 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
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Any information copied from such Reports and Statem	ents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
$ \hspace{.05cm} \rangle$ BORDER HEALTH FEDERAL PAC	;		
Full Name (Last, First, Middle Initial)			
A. DEMOCRATIC CONGRESSIONAL	. CAMPAIGN COM	MITTEE	Date of Disbursement
Mailing Address 420 Cavith Carital Street CE			M M / D D / Y Y Y Y
Mailing Address 430 South Capitol Street SE 2nd Floor			01 05 2012
,	tate Zip Code		Transaction ID : SB23.17462
Washington Purpose of Disbursement	DC 20003		Transaction is . CB20.17402
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
DEMOCRATIC CONGRESSIONAL CAMPA		Type	5000.00
	nent For: 2012 Primary X General		
	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. DEMOCRATIC SENATORIAL CAN	MPAIGN COMMITT	EE	Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE			01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
· · · · · · · · · · · · · · · · · · ·			5. 90 2012
•	tate Zip Code		Transaction ID : SB23.17463
WASHINGTON Purpose of Disbursement	DC 20002		
contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
Office Sought: House Disbursem	pont For: 0040	Type	13000.00
	ent For: 2012 Primary General		
	Other (specify) ▼		
State: District:	·		
Full Name (Last, First, Middle Initial)			Date of Dishurzana
C. GRACE NAPOLITANO			Date of Disbursement
Mailing Address 12946 E. Belcher St.			01 19 2012
<u>au</u>			
,	tate Zip Code CA 90650		Transaction ID : SB23.17467
Purpose of Disbursement	5 50000		
contribution		011	Amount of Each Disbursement this Period
Candidate Name GRACE NAPOLITANO		Category/	5000.00
	nent For: 2012	Туре	
	Primary General		
President	Other (specify) ▼		
State: CA District: 38			
			25000.00
SUBTOTAL of Disbursements This Page (optional)		······	25555.00
TOTAL This Period (last page this line number only).			

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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)		FOR LINE	FOR LINE NUMBER: PAGE 144 OF 147				
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(s) (check only e 21b	one) 22 X 23 24 25				
Any information copied from such Reports and Staten	nents may not be sold or	used by any person					
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
igr > BORDER HEALTH FEDERAL PAC							
Full Name (Last, First, Middle Initial)							
A. NATIONAL REPUBLICAN CONGR	Date of Disbursement						
Mailing Address 320 FIRST STREET SE		01 03 2012					
City		Transaction ID : SB23.17460					
WASHINGTON Purpose of Disbursement	DC 20003						
contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	15000.00				
Office Sought: House Disburser	ment For: 2012	Туре					
Senate	Primary Seneral						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) NEW JERSEY DEMOCRATIC STA			Date of Disbursement				
NEW JERSET DEMOCRATIC STA	ATE COMMUTTEE	i	M M / D D / Y Y Y Y				
Mailing Address 196 WEST STATE STREET			03 19 2012				
City	State Zip Code		Transaction ID : SB23.17493				
TRENTON Purpose of Disbursement	NJ 08608		Transaction ib . Ob23.17433				
contribution	011	Amount of Each Disbursement this Perio					
Candidate Name	Category/	5000.00					
NEW JERSEY DEMOCRATIC STAT		Туре	3000.00				
	nent For: 2012 Primary X General						
	Other (specify)						
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).			Date of Disbursement				
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City	State Zip Code						
Purpose of Disbursement							
Candidate Name	Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburser	nont For:	Туре	7				
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President	Other (specify)						
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) BORDER HEALTH FEDERAL PAC Full Name (Last, First, Middle Initial) ABoys & Girls Club of McAllen Mailing Address P.O. Box 577 City McAllen TX 78505 Purpose of Dibbursement donation Candidate Name City Washington Purpose of Dibbursement donation Candidate Name Calegory' Type District Full Name (Last, First, Middle Initial) 2. Valley Alliance of Mentors for Opportunities Mailing Address 1401 K Street NW 201 City State: District Full Name (Last, First, Middle Initial) Calegory' Type District Full Name (Last, First, Middle Initial) Calegory' Type District Full Name (Last, First, Middle Initial) Amount of Each Disbursement donation Candidate Name Calegory' Type Date of Disbursement Other (specify) Transaction ID: SB29.18366 Amount of Each Disbursement Other (specify) Transaction ID: SB29.18368 Amount of Each Disbursement Calegory' Type State: District Transaction ID: SB29.18368 Amount of Each Disbursement Calegory' Type State: District Full Name Calegory' Type State: District District Full Name Calegory' Type State: District Full Name Calegory' Type State: District Transaction ID: SB29.18368 Amount of Each Disbursement Calegory' Type State: District Transaction ID: SB29.18368 Amount of Each Disbursement Calegory' Type State: District Transaction ID: SB29.18368 Amount of Each Disbursement Calegory' Type State: District Transaction ID: SB29.18368 Amount of Each Disbursemen							
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Washington Purpose of Disbursement donation Candidate Name Office Sought: House Primary General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Valley Alliance of Mentors for Opportunities Mailing Address 5221 N McColl Rd City State Zip Code McAllen TX 78502 Purpose of Disbursement donation Candidate Name Category/ Type Date of Disbursement Transaction ID: SB29.18368 Amount of Each Disbursement this Period Transaction ID: SB29.18368 Amount of Each Disbursement Other (specify) ▼ Transaction ID: SB29.18368 Amount of Each Disbursement Other (specify) ▼ State: District: Sugnate Primary General Other (specify) ▼ State: District:	·			Transaction ID ·	SB29.18366		
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City McAllen TX 78502 Purpose of Disbursement donation Candidate Name Category/ Type Office Sought: House Primary President President State: District: Subtrotal of Disbursements This Page (optional)	Mailing Address 5221 N Macal Dd						
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McAllen Purpose of Disbursement donation Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)				Transaction ID ·	SB29.18368		
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Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)					30000.00		
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TOTAL This Period (last page this line number only)			<u> </u>		45000.00		

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)

9 **X** 10

	ME OF COMMITTEE (In Full) ORDER HEALTH FEDERAL PAC				
	A. Full Name (Last, First, Middle Initial) of Debtor AC Rentals	Nature of Debt (Purpose): rental space			
	Mailing Address PO Box 2673				
	City State				
	McAllen	TX	78502	T ID OD OFF.	
	Outstanding Balance Beginning This Period	Transaction ID : SD10.9553			
	900.00				
	Amount Incurred This Period	Payme	nt This Period		-
	0.00		0.00		00.00
	B. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (Purpose): rental space			
	AC Rentals			Terrial Space	
	Mailing Address PO Box 2673				
	City State McAllen	Zip Code TX	78502		
	Outstanding Balance Beginning This Period	Transaction ID : SD10.10053			
	900.00			Transaction ib . 3010.10033	
	Amount Incurred This Period	Paymo	nt This Period	Outstanding Balance at Close of T	This Pariod
	0.00	Fayine	0.00		00.00
	0.00		0.00		
	C. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):			
	Mailing Address				
	City	State	Zip Code	_	
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period	Pavme	nt This Period	Outstanding Balance at Close of T	This Period
				1	
1)	SUBTOTALS This Period This Page (optional)			18	00.00
2)	TOTALS This Period (last page this line number of	only)	>	18	00.00
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	>		0.00
4)	ADD 2) and 3) and carry forward to appropriate lin	18	00.00		

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

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.